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Special Collection: Trauma-Informed Domestic Violence Services
– Now available on VAWnet.org!

Building on over 20 years of work, the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) has put into practice a framework that integrates a trauma-informed approach with a DV victim advocacy lens. This new 3-part Special Collection, developed by NCDVTMH in collaboration with the National Resource Center on Domestic Violence (NRCDV), reflects this integrated perspective and brings together the resources on trauma and trauma-informed work that are most relevant to domestic violence programs and advocates, along with commentary from NCDVTMH to assist in putting this information into practice.

Part I

[Understanding the Framework and Approach](#) provides an overview of the framework and research supporting trauma-informed approaches to working with survivors and their children.

Part II

[Building Program Capacity](#) provides practical tools and resources on building capacity to implement trauma-informed programs.

Part III

[Developing Collaborations and Increasing Access](#) provides resources for building collaboration to ensure that survivors and their children have access to culture-, domestic violence- and trauma-informed mental health and substance abuse services.

"Using a trauma-informed approach has come to mean that everyone working in a service setting understands the impact of trauma in a similar way and shares certain values and goals, and that all the services and supports that are offered are designed to prevent retraumatization and to promote healing and recovery."

NATIONAL
Center on
Domestic Violence, Trauma & Mental Health

National Resource Center
on Domestic Violence

Special Collection: Trauma-Informed Domestic Violence Services: Understanding the Framework and Approach (Part 1 of 3)

This is PART 1 of a 3-part collection that also includes Building Program Capacity (PART 2 of 3) and Developing Collaborations and Increasing Access (PART 3 of 3). PART 1 provides an overview of the framework and research supporting trauma-informed approaches to working with survivors and their children.

Table of Contents:

A cross-section of a tree reveals its story as told by the pattern of growth rings, reflecting the climatic conditions in which the tree grew year by year, and documenting injuries sustained throughout its life. Much in the same way, humans experience periods of trauma and resilience over the course of our lifespans. A trauma-informed approach seeks to understand the ways in which these experiences shape us.

This Special Collection was developed by the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) in partnership with the National Resource Center on Domestic Violence. Contact NCDVTMH for specialized technical assistance and training on this and related topics.

Introduction | Back to top

In the past 30 years, there has been a profound shift in understanding about the impact of trauma on individuals, families, and society. A growing number of studies have documented the impact of trauma on the brain and have demonstrated that violence and trauma can affect our physical health, mental health, and relationships with others (Felitti, Anda, Nordenberg, et al, 1998; De Bellis, Van Dillen, 2005; Classen, Pain, Field, Woods, 2006; Lanius, Bluhm, Lanius, Pain, 2006; Lyons-Ruth, Dutra, Schuder, Bianchi, 2006; McEwen, 2006; Nemeroff, 2004; van der Kolk, Roth, Pelcovitz, Sunday, Spinazzola, 2005; Yehuda, 2006). At the same time, research on trauma and resilience, combined with what we have learned from the experiences of survivors, advocates, and clinicians has begun to clarify helpful ways to respond, both within and across cultures and communities. This emerging body of knowledge offers information that can be helpful to the domestic violence (DV) field in its work with survivors and their children.

Building on over 20 years of work in this area, the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) has put into practice a framework that integrates a trauma-informed approach with a DV victim advocacy lens. The term trauma-informed is used to describe organizations and practices that incorporate an understanding of the pervasiveness and impact of trauma and that are designed to reduce retraumatization, support healing and resiliency, and address the root causes of abuse and violence (NCDVTMH 2013 adapted from Harris and Fallot 2001). The resources compiled in these linked collections reflect this integrated perspective.

The goals of this Special Collection series are to provide:

- Basic information about the different ways in which trauma can affect individuals and to highlight current research on effective ways to respond to trauma;
- Practical guidance on developing trauma-informed DV programs and services; and
- Resources that will help support collaboration between DV programs, and mental health, substance abuse, and other social services agencies and that will increase awareness about trauma treatment in the context of DV.

A Note About Gender: *Intimate partner violence perpetrated by men against their female partners is epidemic. At the same time, whatever a person's gender or their partner's gender, they may experience intimate partner violence, and gendered language can minimize the experiences of many survivors. We have attempted to use language in this Special Collection that*

reflects our analysis of gender oppression and other forms of oppression, as well as our commitment to serving all survivors of domestic violence.

> The mission of the National Center on Domestic Violence, Trauma & Mental Health 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 provides training, support, and consultation to advocates, mental health and substance abuse providers, legal professionals, and policymakers as they work to improve agency and systems-level responses to survivors and their children.

Definitions | **Back to top**

The following terms are used by victim advocates, service providers, policymakers, researchers, and academics working at the intersection of trauma and domestic violence. Being familiar with the meaning of these terms will deepen your understanding of the field and make it easier to communicate with others about trauma and trauma-informed services. The "jump to" box below will take you to full definitions that are listed at the end of this collection.

Potential Prior Sources of Trauma in the Lives of DV Survivors

Childhood emotional, physical or sexual abuse

Abandonment or neglect (especially for small children)

Sexual assault

Experiencing or witnessing violent crime or community violence

Institutional abuse

Cultural dislocation (especially for refugees and immigrants)

Terrorism and war

Historical violence

Natural disasters

Oppression and discrimination, including racism and heterosexism
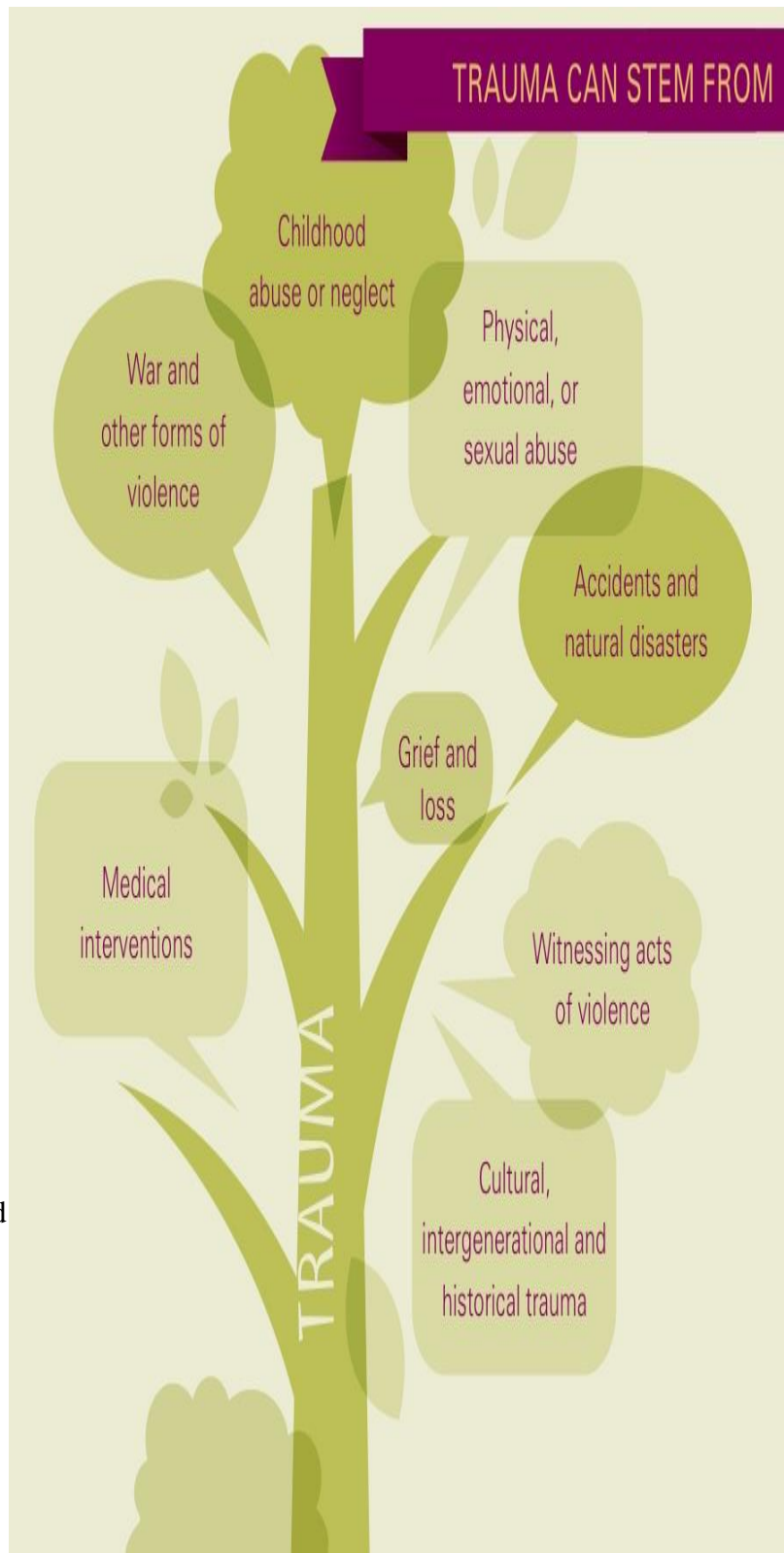
Poverty

Accidents

Medical procedures

Any situation where one person misuses power over another

Jump to:

1. Individual Trauma
2. Collective, Organizational, and Community Trauma
3. Historical Trauma
4. Intergenerational Trauma
5. Insidious Trauma
6. Trauma-Informed
7. Trauma-Specific
8. Triggering
9. Retraumatization
10. Revictimization
11. Secondary Traumatic Stress (Vicarious Trauma)
12. Compassion Fatigue
13. Resilience
14. Reflective Practice
15. Peer Support and the Peer Movement

Framework and Philosophy | **Back to top**

Being abused can affect how we feel, think, and respond to other people and the world around us. It can also increase our risk for developing mental health and substance abuse conditions. Experiencing multiple forms of abuse and oppression over the course of our lives can further increase these risks. At the same time, stigma associated with substance abuse and mental illness allows abusers to use these issues to increase their control over their partners, undermine them in custody battles, and discredit them with friends, family, and the courts, underscoring the importance of ensuring that responses to survivors are both DV- and trauma-informed (Warshaw, Moroney, & Barnes, 2003; Briere, Woo, McRae, Foltz & Sitzman, 1997; Goodman, Dutton, & Harris, 1997; Warshaw et. al, 2009; Jacobson, 1989; Lipschitz et al, 1996; Goodman, Dutton, Harris, 1995; Friedman & Loue, 2007).

A TRAUMA-INFORMED APPROACH

Over the past three decades, as knowledge about trauma has increased, there has been a significant reassessment of the ways mental health symptoms are understood. We now have a better understanding of the role that abuse and violence play in the development of mental health and substance abuse conditions. Trauma-informed approaches reflect an understanding that "symptoms" may be survival strategies—adaptations to intolerable situations when real protection is unavailable and a person's coping mechanisms are overwhelmed. Trauma-informed approaches focus on resilience and strengths as well as psychological harm. They also reflect an awareness of the impact of this

TRAUMA CAN STEM FROM

Childhood abuse or neglect

Physical, emotional, or sexual abuse

War and other forms of violence

Accidents and natural disasters

Grief and loss

Medical interventions

Witnessing acts of violence

Cultural, intergenerational and historical trauma

TRAUMA

work on providers and emphasize the importance of organizational support and provider self-care (Warshaw, Brashler & Gill, 2009; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005; Saakvitne, Gamble, Pearlman, & Lev, 2000).

With the growing understanding that the majority of people seeking services in domestic violence, as well as mental health, substance abuse, and other service settings have experienced interpersonal trauma, an approach for integrating this awareness into practice has evolved. Using a trauma-informed approach has come to mean that everyone working in a service setting understands the impact of trauma in a similar way and shares certain values and goals, and that all the services and supports that are offered are designed to prevent retraumatization and to promote healing and recovery. For us, it also means thinking about people within the entire context of their lives and experiences; ensuring that our services are welcoming, inclusive and culturally attuned; and working together to address the underlying causes of oppression and abuse (Harris & Fallot, 2001; Warshaw, Brashler, & Gill, 2009; Kimerling, Alvarez, Pavao, Kaminski, & Baumrind, 2007; Golding, 2000).

Like DV victim advocacy, the trauma-informed movement within the mental health services field has historical roots in social and political advocacy. For over a hundred years, people diagnosed with mental illnesses (many of them women) fought to protect their rights and resisted what they saw as the "medicalization" of women's issues (Levin, Blanch and Jennings, 1998). The mental health advocacy movement laid the groundwork for the adoption of trauma-informed approaches in the mental health system. Most recently, trauma-informed approaches are surfacing in hospitals and health clinics, classrooms and daycare settings, child welfare programs, homeless shelters, and job training programs.

> **Combining a trauma-informed approach with a DV victim advocacy perspective provides a more integrated framework for working with survivors. This framework can serve as a powerful tool for bridging perspectives and building collaboration between fields. See *Thinking about Trauma in the Context of DV Advocacy: An Integrated Approach* by the NCDVTMH (2013).**

Research on Domestic Violence, Trauma, and Mental Health | **Back to top**

A large body of research has documented the links between abuse and mental health, while advances in the fields of traumatic stress, child development, and neuroscience have generated new models for understanding the impact of trauma on survivors of domestic violence and their children. These findings, particularly when grounded in survivor and advocacy perspectives, provide new insights into the effects of interpersonal abuse across the lifespan and suggest new strategies for support.

Intimate partner violence is associated with a wide range of mental health consequences. Those who have been diagnosed with mental health and/or substance abuse conditions or who are experiencing psychiatric disability are at greater risk for abuse, and abusers may use their partners mental health or substance abuse condition to undermine and control them. Included in

this subsection are some background materials on the relationships between domestic violence, mental health, and trauma.

- **Intimate Partner Violence and Lifetime Trauma** | PDF (6 p.)
  by Carole Warshaw for the National Center on Domestic Violence, Trauma & Mental Health (May 2011)
  This article reviews available research exploring the link between histories of physical and sexual abuse in childhood and intimate partner violence victimization in adulthood.
  + View Summary

- **Prevalence of Intimate Partner Violence and Other Lifetime Trauma among Women Seen in Mental Health Settings** | PDF (6 p.)
  by Carole Warshaw for the National Center on Domestic Violence, Trauma & Mental Health (May 2011)
  This document provides a brief review of the available research documenting the prevalence of lifetime abuse among women receiving mental health services.
  + View Summary

Research on Incidence, Prevalence, and Impact of Trauma | **Back to top**

Epidemiological research studies have measured the incidence and prevalence of violence and trauma in various populations, and findings of these studies confirm what those working in the domestic violence field have long known: that women and children in the United States face a high level of social and interpersonal violence.

The National Intimate Partner and Sexual Violence Survey conducted by the Centers for Disease Control (CDC) clearly documents the high rates of domestic violence and sexual assault experienced by women in the United States, as well as the traumatic health and mental health effects of gender-based violence, and the fact that the majority of victimization begins early in life.

The Adverse Childhood Experiences (ACE) study, the largest epidemiological study ever done in the United States, has documented the high rates of childhood adversity experienced by adults in this country as well as the strong relationships between childhood trauma and a range of consequences in adulthood, including health and mental health conditions, substance abuse disorders, and a higher risk of experiencing abuse in adulthood, including domestic violence. This study also demonstrates that many people have multiple types of traumatic experiences, and that the impact of trauma is cumulative: the more types of trauma experienced, the higher the risk of more serious consequences. At the same time, many factors can help to mitigate these effects, including a person's resiliencies and strengths as well as access to social supports.

Learning about the cumulative impact of trauma within a framework that recognizes strengths and resiliency can help survivors to make sense of the ways they have been affected and to recognize the strengths and skills it took to survive their experiences.

[Centers for Disease Control National Intimate Partner and Sexual Violence Survey](#) (NISVS) This website presents the NISVS data in a number of different formats. The study not only highlights the prevalence of domestic and sexual violence in the United States but also the differential impact on women, including significantly higher rates of fearfulness, PTSD, concerns for safety, injury, and need for DV advocacy services.

[National Center for Children Exposed to Violence](#) This website, hosted by the Yale Child Study Center, provides statistics on the number of children who witness domestic violence every year, the impact of witnessing DV, and strategies for effective response. It includes similar information on other types of violence children experience including community violence, school violence and media violence. It also includes a list of relevant books and journal articles.

[The Adverse Childhood Experiences (ACE) Study & Website](#) This website provides basic information about the ACE study, the largest epidemiological study ever done in the United States. The ACE study has documented extremely strong relationships between childhood trauma and a whole range of consequences in adulthood, including health conditions, mental health and substance abuse disorders, a higher risk of experiencing trauma and abuse including domestic violence, and premature death. The website provides a tool to calculate your ACE score in six languages; frequently asked questions about the ACE study; and contact information for potential speakers.

[The Centers for Disease Control and Prevention Website, ACE Study Page](#) This website provides information on the major findings of the ACE study, including prevalence data in three major ACE categories (abuse, neglect, and household dysfunction), and demographic information on ACE study participants. It also includes a list of peer-reviewed journal articles based on ACE study findings organized by subject, including a section on interpersonal violence.

Neurobiological and Clinical Research on Trauma | **Back to top**

Neurobiological research has shed light on the impact of adversity and chronic stress on the brain. When an individual perceives a threat to her or his safety, a complex set of chemical and neurological events known collectively as the "stress response" is triggered. Over time, survival responses that are adaptive in dangerous situations (e.g., shutting down, constantly surveying the room for danger, expecting to fight or run away at a moment's notice) may occur whether or not danger is present. People who have experienced trauma may also become less able to regulate arousal and emotional responses. Being aware of the neurobiology of trauma can help advocates to better understand the effects of trauma on survivors and on themselves. Research on the effects of trauma on the developing brain can also help inform our responses to the needs of children exposed to DV, as well as to adult survivors who may have experienced trauma earlier in life.
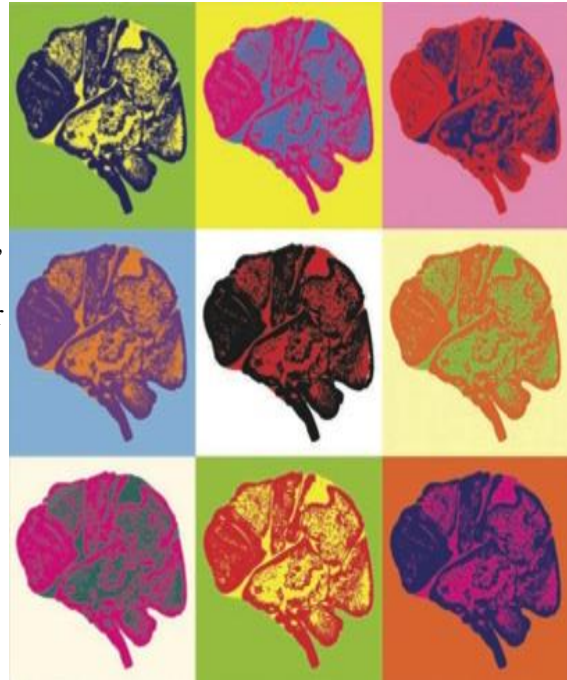
Center on the Developing Child
Harvard University's Center on the Developing Child provides a wealth of information on child development and the effects of abuse and neglect on the developing brain.

Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence
This new website was developed by Futures Without Violence, formerly the Family Violence Prevention Fund, and is designed to help domestic violence victim advocates enhance their programming for children and their mothers. If you are just starting to think about how your program's policies could better reflect an equal commitment to mothers and children, or you have been delivering holistic services for all family members for years, this website has information and tools that can help you advance your practice. More specifically, it includes a report on 16 Trauma-Informed, Evidence-Based Recommendations for Working with Children Exposed to Domestic Violence.

Trauma Information Pages
Trauma Information Pages focus on emotional trauma and traumatic stress, including PTSD and dissociation, whether following individual traumatic experience(s) or a large-scale disaster. The purpose of this site is to provide information for clinicians and researchers in the traumatic-stress field. This site includes selected full-text articles about trauma— versions of preprints, published articles, and chapters on a variety of trauma-related topics.

- **The Amazing Brain: Trauma and the Potential for Healing** | PDF (7 p.)
  by Linda Burgess Chamberlain for The Institute for Safe

Families (2008)
Designed specifically for parents and caregivers, this resource describes how the brain works, how it is affected by trauma, and how it can heal.
+ View Summary

- **A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children** | PDF (36 p.)
by the Center on the Developing Child at Harvard University (August 2007)
Combining knowledge from neuroscience, behavioral and developmental science, economics, and 40 years of early childhood program evaluation, the authors provide an informed, nonpartisan, pragmatic framework to guide policymakers toward science-based policies that improve the lives of young children and benefit society as a whole.
+ View Summary

- **In Brief: The Science of Early Childhood Development** | PDF (2 p.)
by the Center on the Developing Child at Harvard University
This edition of the InBrief series addresses basic concepts of early childhood development, established over decades of neuroscience and behavioral research, which help illustrate why child development—particularly from birth to five years—is a foundation for a prosperous and sustainable society.
+ View Summary

- **InBrief: The Impact of Early Adversity on Children's Development** | PDF (2 p.)
by Center on the Developing Child at Harvard University
This edition of the InBrief series outlines basic concepts from the research on the biology of stress which show how major adversity can affect developing brain architecture and reset the body's stress response system to high alert.
+ View Summary

- **In Focus: Understanding the Effects of Maltreatment on Early Brain Development National Clearinghouse on Child Abuse and Neglect Information** | PDF (13 p.)
by the National Clearinghouse on Child Abuse and Neglect Information (October 2001)
This document is an easy to understand review of how the brain develops, the effects of maltreatment on brain development, and implications for policy and practice.
+ View Summary

- **Trauma Annotated Bibliography** | HTML
by the International Society for the Study of Trauma and Dissociation
This annotated bibliography on trauma was peer reviewed by the ISSTD and represents a thoughtful summary of what are believed to be salient information in the articles noted.
+ View Summary

- **The PILOTS Database** | HTML
by the US Department of Veteran's Affairs (2007)
The Published International Literature on Traumatic Stress (PILOTS) Database is an

electronic index to the worldwide literature on PTSD and other mental health consequences of exposure to traumatic events.
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Research on Resilience | **Back to top**

Resiliency is our inherent capacity to make adaptations that result in positive outcomes in spite of serious threats or adverse circumstances. Experience working with survivors and research on resiliency show that there are some factors that appear to support and enhance our resiliency. Having a supportive community, whether through one's family, neighborhood, school, church, sports activities, or hobbies, is one factor that supports resiliency. A feeling of being valued and belonging is important, as well as being able to engage other people in positive ways. For children, factors that support resiliency include the response of caregivers and other caring adults who take an interest in the child and his or her development, sees him or her as a separate person, and helps him or her develop the ability to cope.

- **Ordinary Magic: Resilience Processes in Development** | PDF (12 p.)
  by Ann S. Masten for the American Psychologist (March 2001)
  This article concludes that resilience is made of ordinary rather than extraordinary processes, offering a more positive outlook on human development and adaptation, as well as direction for policy and practice aimed at enhancing the development of children at risk for problems and psychopathology.
  + View Summary

- **Disaster Preparation and Recovery: Lessons from Research on Resilience in Human Development** | PDF (16 p.)
  by Ann S. Masten and Jelena Obradović for Ecology and Society (2008)
  While this paper focuses on resilience in the face of disaster, it also provides a helpful overview of the resilience research literature. The authors build on four decades of theory and research on resilience in human development to offer lessons for planning disaster response and recovery, lessons that are also relevant for domestic violence survivors and their children.
  + View Summary

- **Resilience Bibliography** | HTML
  by the Child Witness to Violence Project
  This page provides a bibliography of resilience research articles of particular relevance for children exposed to DV. Links to full text are available for some of the articles.
  + View Summary

- **Promoting resilience: Helping young children and parents affected by substance abuse, domestic violence, and depression in the context of welfare reform** | [PDF](#) (23 p.)
  Children and Welfare Reform Issue Brief No. 8 by Jane Knitzer for the National Center for Children in Poverty (February 2000)
  This is Issue Brief #8 in a series based on a growing body of research that suggests that successful policies for families must take into account the needs of children when addressing the needs of parents and the needs of parents when addressing the needs of children.
  + View Summary

- **Building Resilience: The Power to Cope With Adversity** | [PDF](#) (2 p.)
  by William R. Beardslee, Mary Watson Avery, Catherine C. Ayoub, Caroline L. Watts, and Patricia Lester for Zero to Three (2010)
  This resource provides a synopsis of resiliency capabilities within the individual child, family, caregiving, and community levels. It states children who have grown up in challenging environments are still capable of engaging in age-appropriate activities, relating to others, and understanding their family life.
  + View Summary

- **Positive Changes Following Adversity** | [PDF](#) (8 p.)
  by Stephen Joseph and Lisa D. Butler for the National Center for Posttraumatic Stress Disorder (Summer 2010)
  This issue focuses on positive change following adversity or the concept of posttraumatic growth. It provides a summary and analysis of research in this burgeoning area that brings together research from the trauma and positive psychology fields, offering another way to look at traumatic experiences focusing on the positive changes and growth that can ensue.
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Key Organizations | **Back to top**

The following list includes key national organizations that provide information on trauma and domestic violence or assistance in implementing trauma-informed approaches. All of the sites listed have a public service mission and speak to a wide variety of audiences.

Domestic Violence and Trauma

[National Center on Domestic Violence, Trauma & Mental Health](#)
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.

[Academy on Violence and Abuse](#)
The Academy on Violence and Abuse (AVA) was formed in order to help strengthen the

capacity of the healthcare community to provide the best possible care to those whose health is adversely affected by violence and abuse, and to prevent future occurrences of violence and abuse in society. Most of the trauma-related information on this website relates to the developmental effects of trauma on children.

Trauma and Trauma-Informed Services
The following organizations provide information and assistance on trauma-related topics relevant to the work of domestic violence programs and services. Organizations included focus on trauma-informed care broadly rather than promoting a single model.

National Center for Trauma-Informed Care (NCTIC)
NCTIC is a Substance Abuse Mental Health Services Administration (SAMHSA)-sponsored national center focusing on the implementation of trauma-informed approaches across a variety of health and human services.

National Child Traumatic Stress Network (NCTSN)
Established by Congress in 2000 and funded by SAMHSA, NCTSN is a collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States.

The Indian Country Child Trauma Center (ICCTC)
The Indian Country Child Trauma Center (ICCTC) was established to develop trauma-related treatment protocols, outreach materials, and service delivery guidelines specifically designed for American Indian and Alaska Native (AI/AN) children and their families. It is part of the National Child Traumatic Stress Network, funded by the Substance Abuse Mental Health Services Administration (SAMHSA) under the National Child Traumatic Stress Initiative.

National Center for Children Exposed to Violence
The mission of the NCCEV is to increase the capacity of individuals and communities to reduce the incidence and impact of violence on children and families; to train and support the professionals who provide intervention and treatment to children and families affected by violence; and, to increase professional and public awareness of the effects of violence on children, families, communities and society.

The ACEs Connection
The ACEs Connection is a social networking site for people involved in implementing trauma-informed approaches across the country. The site offers regularly updated information about innovations in trauma-informed services, upcoming events, and advancements in knowledge and practice.

The Anna Institute (formerly the Anna Foundation)
This site is dedicated to Anna Jennings, an artist and sexual abuse survivor who took her own life after being repeatedly misdiagnosed by the mental health system. The site includes much of her artwork as well extensive resources on trauma and trauma-informed care.

Specialized Information and Assistance
The following organizations offer information on specific issues that may be relevant to the work of some domestic violence programs and services.

GAINS Center
SAMHSA's GAINS Center focuses on expanding access to community-based services for adults diagnosed with co-occurring mental illness and substance use disorders at all points of contact with the justice system.

National Center for PTSD
The National Center for PTSD is a center of excellence for research and education on the prevention, understanding, and treatment of PTSD. The National Center for PTSD may be of interest to domestic violence programs and service providers working with current and former members of the military.

National Disaster Technical Assistance Center (DTAC)
SAMHSA's Disaster Technical Assistance Center (DTAC) assists States, Territories, Tribes, and local entities with all-hazards disaster behavioral health response planning that allows them to prepare for and respond to both natural and human-caused disasters. DTAC may be of particular interest to domestic violence programs and services with a focus on trauma-informed disaster planning and response.

Department of Defense Family Advocacy Program
The Family Advocacy Program (FAP), managed by the Office of the Secretary of Defense and implemented by the military services, provides resources for families experiencing child abuse and domestic abuse, including prevention services, early identification and intervention, support for victims, and treatment for offenders.
*See the related VAWnet Special Collections: Sexual Violence in the Military and The Intersection of Domestic Violence and the Military.

References | Back to top

- **References: Trauma-Informed Domestic Violence Services** | PDF (7 p.)
  by the National Center on Domestic Violence, Trauma, and Mental Health for the National Resource Center on Domestic Violence (April 2013)
  This list provides bibliographic references for the 3-part VAWnet Special Collection series, Trauma-Informed Domestic Violence Services.
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Definitions | Back to top

1. **Individual Trauma.** *Trauma* is the unique individual experience of an event or enduring condition in which the individual experiences a threat to life or to her or his psychic or bodily integrity, and experiences intense fear, helplessness, or horror. A key aspect of what makes something traumatic is that the individual's coping capacity and/or ability to integrate their emotional experience is overwhelmed. Trauma often impacts individuals in multiple domains,

including physical, social, emotional, and/or spiritual ([Giller, 1999](); [Pearlman & Saakvitne, 1995](); [van der Kolk & Courtois, 2005]()).

2. **Collective, Organizational, and Community Trauma.** The terms *collective trauma, organizational trauma*, and *community traum*a refer to the impact that traumatic events can have on the functioning and culture of a group, organization, or entire community (e.g., the effects of the 1999 Columbine High School shooting, Hurricane Katrina, and the 9/11 terrorist attacks on their respective communities).

3. **Historical Trauma.** *Historical trauma* refers to cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences. Understanding historical trauma means recognizing that people may carry deep wounds from things that happened to a group with which they identify, even if they did not directly experience the event themselves. Historical trauma follows from events such as the colonization of generations of Indigenous Peoples, the enslavement of Africans and their descendants, and the losses and outrages of the Holocaust. While the term refers to events that occurred in the past, it is important to remember that for many communities the trauma or oppressive conditions associated with the historical trauma have been institutionalized and are ongoing (Packard, 2012; BigFoot, 2000; Willmon-Haque & BigFoot, 2008, Braveheart, 1999).

4. **Intergenerational Trauma.** *Intergenerational trauma* refers to the effects of harms that have been carried over in some form from one generation to the next. The concept is similar to historical trauma, although it is frequently used to refer to trauma that occurs within families rather than in larger (e.g., racial, ethnic, cultural, or religious) groups.

5. **Insidious Trauma.** *Insidious trauma* refers to the daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera that are experienced by members of groups targeted by racism, heterosexism, ageism, ableism, sexism, and other forms of oppression, and groups impacted by poverty. Maria Root, who coined the term insidious trauma described the concepts as follows:"Traumatogenic effects of oppression that are not necessarily overtly violent or threatening to bodily well-being at the given moment but that do violence to the soul and spirit. " ([Root 1992](); [Brown & Ballou, 1992]())

6. **Trauma-Informed.** A *trauma-informed* program, organization, system, or community is one that incorporates an understanding of the pervasiveness of trauma and its impact into every aspect of its practice or programs. In such settings, understanding about trauma is reflected in the knowledge, attitudes, and skills of individuals as well as in organizational structures such as policies, procedures, language, and supports for staff. This includes attending to culturally specific experiences of trauma and providing culturally relevant and linguistically appropriate services. It also includes recognizing that not only are the people being served potentially affected by trauma but that staff members may be as well.

Central to this perspective is viewing trauma-related responses from the vantage point of "what happened to you" rather than "what's wrong with you," recognizing these responses as survival strategies, and focusing on survivors' individual and collective strengths. Trauma-informed programs are welcoming and inclusive and based on principles of respect, dignity, inclusiveness,

trustworthiness, empowerment, choice, connection, and hope. They are designed to attend to both physical and emotional safety, to avoid retraumatizing those who seek assistance, to support healing and recovery, and to facilitate meaningful participation of survivors in the design, implementation, and evaluation of services. Supervision and support for staff to safely reflect on and attend to their own responses and to learn and grow from their experiences is another critical aspect of trauma-informed work.

The term trauma-informed services was originally coined by Maxine Harris and Roger Fallot in their edited book, *Using Trauma Theory to Design Service Systems* (2001) and has been adapted by multiple writers and in multiple service settings. This working definition by NCDVTMH is adapted specifically for the DV field and incorporates some of the original elements as well as other elements and concepts critical to our work with survivors.

7. **Trauma-Specific.** The term *trauma-specific* refers to interventions or treatments designed to facilitate recovery from the effects of trauma. There are a number of promising and evidence-based treatment modalities that address PTSD and other trauma-related conditions (e.g. depression, substance abuse, complex PTSD), although few have been designed specifically for domestic violence survivors. Trauma-specific services, while intended to address the consequences of trauma, may not always be trauma-informed. In other words, they may focus on treating trauma symptoms without necessarily being attuned to the experience of trauma or ways the service setting and processes may themselves be retraumatizing (Harris & Fallot, 2001; Warshaw, Brashler & Gill, 2009; Warshaw, Sullivan & Rivera, 2012).

8. **Triggering.** A *trigger* is something that evokes a memory of past traumatizing events including the feelings and sensations associated with those experiences. Encountering such triggers may cause us to feel uneasy or afraid, although we may not always realize why we feel that way. A trigger can make us feel as if we are reliving a traumatic experience and can elicit a fight, flight or freeze response. Many things can be a possible trigger for someone. A person might be triggered by a particular color of clothing, by the smell of a certain food, or the time of year. Internal sensations can be triggers, as well. Once we become aware of triggers, we might feel an impulse to "get rid of all possible triggers. " Of course, we will avoid violent images or angry tones in our speech and try to make the environment calm. However, there will always be trauma triggers that we cannot anticipate and cannot avoid. Part of trauma-informed work is supporting survivors as they develop the skills to manage trauma responses both in our service settings and elsewhere in the world (National Center on Domestic Violence, Trauma & Mental Health).

9. **Retraumatization.** *Retraumatization* occurs when any situation, interaction, or environmental factor is itself traumatic or oppressive in a way that also replicates events or dynamics of prior traumas and evokes feelings and reactions associated with the original traumatic experiences. Retraumatization may compound the impact of the original experience.

10. **Revictimization**. Experiencing abuse—including physical or sexual abuse or sexual assault—increases our risk of experiencing violence or abuse in the future. *Revictimization* may occur in a similar or different context. When examining the prevalence of revictimization, it is important to consider the social context and the factors that put people at greater risk for being

victimized ([Kimerling, Alvarez, Pavao, Kaminski, & Baumrind, 2007](#); [Lindhorst & Oxford, 2008](#); [Classen, Palesh, Aggarwa,l 2005](#)).

11. **Secondary Traumatic Stress (Vicarious Trauma).** *Secondary traumatic stress* (sometimes called *vicarious trauma*) refers to the emotional effects that can occur when an individual bears witness to the trauma experiences of another. For example, DV victim advocates may experience secondary traumatic stress from listening empathically to survivors recounting their stories. Individuals affected by secondary traumatic stress may themselves experience trauma-related responses as a result of the indirect trauma exposure or may find themselves re-experiencing trauma that they have experienced in their own lives. The cumulative effects of secondary traumatic stress may be seen in both professional and personal life.

12. **Compassion Fatigue.** *Compassion fatigue* is a related term used to describe exhaustion and desensitization to violent and traumatic events encountered in professional work or in the media. Both secondary traumatic stress and compassion fatigue can result from bearing witness and connecting empathically to another person's experience and being emotionally present in the face of intense pain ([Pearlman and Saakvitne, 1995](#); Prescott, personal communication, 2005).

13. **Resilience.** *Resiliency* is our inherent capacity to make adaptations that result in positive outcomes in spite of serious threats or adverse circumstances. Experience working with survivors and research on resiliency show that there are some factors that appear to support and enhance our resiliency. Having a supportive community, whether through one's family, neighborhood, school, church, sports activities, or hobbies, is one factor that supports resiliency. A feeling of being valued and belonging is important, as well as being able to engage other people in positive ways, whether through one's ability to relate to others or through one's capacities and talents. For children, factors that support resiliency include the response of caregivers and other caring adults, namely having at least one person who takes an interest in the child and their development, sees them as a separate person, and helps them develop their ability to cope ([Masten, 2001](#); [Masten, 2009](#); [Masten & Wright, 2009](#)).

14. **Reflective Practice**. The term *reflective practice* was coined by Donald Schon, who described it as "the capacity to reflect on action so as to engage in a process of continuous learning." In our day-to-day work, reflective practice involves a process of mutual and ongoing learning in an organization. As an approach to supervision, it removes the authoritarian "top-down" focus of some administrative supervision, replacing it with a collaborative approach that allows the knowledge, expertise, and experience of program staff to be shared, strengthened, and applied to our mutual goal of increasing safety and empowerment for battered women and their children. In individual DV work, the advocate approaches all her encounters with survivors with a readiness to examine her own practice and to reflect with and about the survivor's needs and experience in order to meet the survivor's goals ([Schon, 1983](#)).

15. **Peer Support and the Peer Movement.** *Peer support* is a way for people from diverse backgrounds who share experiences in common to come together to build relationships in which they share their strengths and support each other's healing and growth. Peer support promotes healing through taking action and by building relationships among a community of equals. It is not about "helping" others in a hierarchical way but about learning from one another and

building connections. Mental health, substance abuse, and domestic violence all have strong traditions of peer support, although these traditions differ somewhat in their histories and their specific goals. In the mental health community, the peer movement is a term used to describe the political advocacy movement of people with mental health diagnoses who seek to increase their control over services and change laws limiting their rights (formerly called the consumer, ex-patient, or survivor movement). The peer support movement, however, does not focus on diagnoses but is rooted in compassion for oneself and others ([Blanch, Filson, Penney, et al, 2012](#)).

Special Collection: Trauma-Informed Domestic Violence Services: Building Program Capacity (Part 2 of 3)

This is PART 2 of a 3-part collection that also includes [Understanding the Framework and Approach](#) (PART 1 of 3) and [Developing Collaborations and Increasing Access](#) (PART 3 of 3). PART 2 provides practical tools and resources on building capacity to implement trauma-informed programs.

Table of Contents:

As advocates, we are and should be continually engaged in the process of developing and improving our programs and services to ensure that they

This Special Collection was developed by the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) in partnership with the National Resource Center on Domestic Violence. Contact NCDVTMH for specialized technical assistance and training on this and related topics.

Introduction | **Back to top**

Building on over 20 years of work in this area, the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) has put into practice a framework that integrates a trauma-informed approach with a DV victim advocacy lens. The term trauma-informed is used to describe organizations and practices that incorporate an understanding of the pervasiveness and impact of trauma and that are designed to reduce retraumatization, support healing and resilience and address the root causes of abuse and violence. The resources compiled in these collections reflect this integrated perspective (NCDVTMH 2013 adapted from Harris and Fallot 2001).

Resources on providing trauma-informed services and advocacy that have been developed by NCDVTMH specifically for DV settings are listed first. Also included throughout this Special Collection are resources that have been developed for mental health or substance abuse settings that can also be useful to DV victim advocates.

The goals of this Special Collection series are to provide:

- Basic information about the different ways in which trauma can affect individuals and to highlight current research on effective ways to respond to trauma;

- Practical guidance on developing trauma-informed DV programs and services; and
- Resources that will help support collaboration between DV programs, and mental health, substance abuse, and other social services agencies and that will increase awareness about trauma treatment in the context of DV.

A Note About Gender: *Intimate partner violence perpetrated by men against their female partners is epidemic. At the same time, whatever a person's gender or their partner's gender, they may experience intimate partner violence, and gendered language can minimize the experiences of many survivors. We have attempted to use language in this Special Collection that reflects our analysis of gender oppression and other forms of oppression, as well as our commitment to serving all survivors of domestic violence.*

> The mission of the National Center on Domestic Violence, Trauma & Mental Health 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 provides training, support, and consultation to advocates, mental health and substance abuse providers, legal professionals, and policymakers as they work to improve agency and systems-level responses to survivors and their children.

Organizational Assessment and Change | Back to top

www.FieldstoneAlliance.org

Making the transition to becoming a trauma-informed organization and providing trauma-informed services involves a change in the way we understand our work, structure our organizations, and we interact with survivors. For some organizations, this will involve a fundamental shift in approach; for others it will mean enhancing existing practice to attend to the particular ways that trauma can affect us as survivors, providers, and organizations.

Although a trauma-informed approach is consistent with principles of DV advocacy, it is more than just "good advocacy practice." It requires a specific awareness of how trauma can affect our own responses and interactions with others. It also requires the intentional development of supports for ongoing reflection, learning, skill development and self-care to ensure that our interactions are consistent with our principles and to help sustain us in the work.

A trauma-informed approach also takes into account that the environment in which services are delivered can affect how services are received. This means creating a physical and sensory
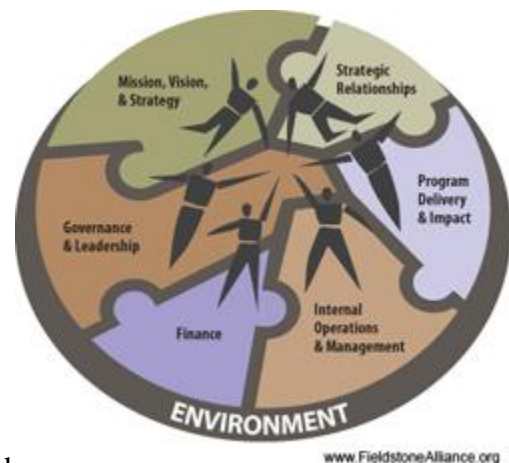
environment that is welcoming, inclusive, and healing; a programmatic environment that is responsive to both individual and collective needs; a cultural environment that is attuned to the people being served; and a relational environment that is caring, respectful, empowering, and emotionally and physically safe.

Becoming trauma-informed is at heart a relational process and one that is continually evolving. It requires the commitment of every member of the organization. It means being willing to honestly assess existing policies and practices and to keep supporting each other as we continue to grow and learn.

The tools in this section provide practical guidance to facilitate this process. Some resources in this section were designed specifically for DV settings or for DV and mental health organizations that are forming collaborations. Others were designed for use in different service settings but can be easily adapted for DV programs.

Domestic violence specific resources

Building Dignity: Design Strategies for Domestic Violence Shelter, A Project of the Washington Coalition Against Domestic Violence
This website extends the work of the WSCADV on shelter rules and parenting in shelter by exploring design strategies for domestic violence victim emergency housing. Thoughtful design dignifies survivors by meeting their needs for self-determination, security, and connection, while supporting parenting and minimizing the need for rules. The ideas on the website reflect a commitment to creating welcoming, accessible environments that help to empower survivors and their children, and have their origins in conversations with shelter residents and advocates. The site is designed to be useful to advocates, executive directors, architects and designers.

- **Creating Trauma-Informed Services Tipsheet Series** | HTML
  by the National Center on Domestic Violence, Trauma & Mental Health (2012)
  These tipsheets provide practical advice on creating trauma-informed services in domestic violence programs and working with survivors who are experiencing trauma symptoms and/or mental health conditions.
  + View Summary

- **Creating Accessible, Culturally Relevant, Domestic Violence and TraumaInformed Agencies: A SelfReflection Tool** | PDF (23 p.)
  by the Accessing Safety and Recovery Initiative of the National Center on Domestic Violence, Trauma & Mental Health (2012)
  This tool uses questions and discussion prompts to guide agencies through a self-reflective process, beginning with imagining how accessible, culturally relevant, and

trauma-informed (ACDVTI) work might be carried out in their organization, and then thinking through the first steps and additional resources that will be needed for creating change.
+ View Summary

- **Trauma-Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs** | PDF (143 p.)
by Sonia D. Ferencik and Rachel Ramirez-Hammond for the Ohio Domestic Violence Network (2011)
This manual includes information on understanding trauma, responding to trauma survivors, trauma-informed best practices, trauma-informed protocols (for hotline calls, intakes, support groups, exit interviews, safety planning and parenting), and vicarious trauma.
+ View Summary

This video presentation by Rachel Ramirez from the Ohio Domestic Violence Network reviews concepts presented in the document above, [Trauma-Informed Care: Best Practices and Protocols for Ohio's Domestic Violence Programs](#).

Resources on revising shelter rules

Abusers often attempt to impose rules on their partners. The loss of autonomy experienced by many survivors at the hands of their abusers can be one of the most devastating effects of domestic violence. Shelters that rely extensively on rules and echo the abuser's rigid reliance on rules may retraumatize survivors rather than support them. Shifting away from a rule-based approach to serving survivors and their children is a key step in becoming trauma-informed. The resources below, developed by the Washington State Coalition against Domestic Violence and the Missouri Coalition Against Domestic and Sexual Violence, are designed to help shelters create environments where survivors can reclaim their autonomy and feel secure without excessive rules and punitive systems.

- **Online Shelter Rules Advocacy Toolkit** | HTML
by the Washington State Coalition Against Domestic Violence (2012)
We know that abusers often impose many rules on their partners, and that a primary harm of domestic violence is being robbed of one's autonomy. This advocacy toolkit explores ways to create environments where survivors can reclaim their autonomy, and feel secure without excessive rules and punitive systems that echo the abuser's rules.
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- **Shelter Support Project** | HTML
by the Washington State Coalition Against Domestic Violence
The Shelter Support Project is a supportive resource for people making day-to-day decisions about the management and operation of domestic violence shelter programs.

Shelter management resources including articles and model protocols are provided.
+ View Summary

- **How the Earth Didn't Fly Into the Sun: Missouri's Project to Reduce Rules in Domestic Violence Shelters** | PDF (60 p.)
  by the Missouri Coalition Against Domestic and Sexual Violence (MCADSV)
  This first-hand account of Missouri's project to reduce rules in domestic violence shelters offers practical tips for other state coalitions, programs, and individual advocates interested in this approach.
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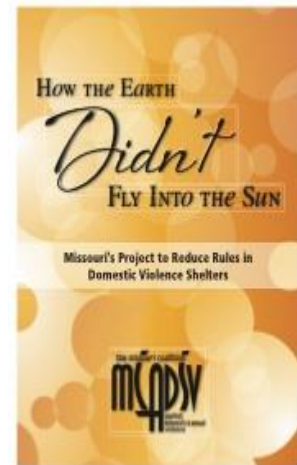
Resources that are not specific to DV settings

Creating Cultures of Trauma-Informed Care (CCTIC)
The Creating Cultures of Trauma-Informed Care (CCTIC) model engages the system or organization in a culture change, emphasizing core values of safety, trustworthiness, choice, collaboration, and empowerment in program activities, physical settings, and relationships. Implementing cultural shifts of this scope requires the full participation of administrators; supervisory, direct service, and support staff; and consumers. CCTIC uses a structured model for programs to review and set priorities for change; a checklist is used by programs as part of an initial review and as a tool for monitoring progress; and an implementation form guides changes. While designed initially for mental health settings, these tools can be adapted for DV agencies as well. Contact Community Connections to discuss consultation and materials.

- **Trauma-Informed Organizational Toolkit for Homeless Services** | PDF (96 p.)
  by Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E for the National Center on Family Homelessness (2009)
  The prevalence of traumatic stress in the lives of families experiencing homelessness is extraordinarily high. This comprehensive toolkit was developed for use by homeless shelters and housing providers, although the material can be highly useful for domestic violence advocates.
  + View Summary

- **A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness** | PDF (58 p.)

by Laura Prescott, Phoebe Soares, Kristina Konnath, and Ellen Bassuk for the Substance Abuse and Mental Health Services Administration (2008)
This manual is intended to serve as a guide to agencies looking for practical ideas about how to create trauma-informed environments. It is best viewed as a template and should be supplemented by your knowledge and expertise regarding the most effective adaptations for working with families in your own program.
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- **Gender-Responsive Program Assessment** | PDF (19 p.)
by Stephanie S. Covington and Barbara E. Bloom for The Center for Gender and Justice (2008)
Being gender-responsive means creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the lives of women and girls and responds to their strengths and challenges. This assessment provides a tool to evaluate the gender responsiveness of programs.
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- **Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol** | PDF (18 p.)
by Roger D. Fallot and Maxine Harris for Community Connections (July 2009)
This Self-Assessment and Planning Protocol and its accompanying CCTIC Program Self-Assessment Scale provide consistent guidelines for agencies or programs interested in facilitating trauma-informed modifications in their service systems.
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- **Trauma-Responsive System Implementation Advisor (TreSIA)** | HTML
by EPower & Associates (2011)
This toolkit includes resources on trauma-informed care, organizational assessment, and organizational change management. Resources guide the user through considerations for leadership and culture, trauma-informed care structure, policies and processes, employee skills and tools and resources.
+ View Summary

- **The Sanctuary Model of Trauma-Informed Organizational Change** | PDF (6 p.)
by Sandra L. Bloom and Sarah Yanos Sreedhar for Reclaiming Children and Youth (Fall 2008)
This article describes the Sanctuary Model of trauma-informed organizational change. The method builds on the S.E.L.F. (Safety, Emotions, Loss and Future) psychoeducational group curriculum dealing with four domains of life disruption than can occur with trauma.
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Training Curricula and Materials | **Back to top**

This section includes training materials that cover important foundational concepts to help readers think through key elements of providing trauma-informed services. Learning basic

information about the ways that the mind and body respond to stress and trauma can change how we understand our own feelings and behavior, as well as those of others. It is also important to make sure that we are putting what we know about trauma and the principles of trauma-informed care into practice—and while doing trauma-informed work looks different in different contexts, there are some common elements.

The materials included here contain background information as well as practical tips about what it looks like to do trauma-informed work. For example, doing trauma-informed work at a DV program includes ensuring everyone feels welcomed and included, providing survivors with information about trauma in a thoughtful way that normalizes their experiences, emphasizing emotional safety as much as physical safety, and providing a non-judgmental environment in which survivors can safely discuss their mental health and substance abuse-related needs and receive culturally relevant support, resources, and referrals. The resources in this section will help you to think through both the principles and practical side of doing trauma-informed work.

Materials in this section include fact sheets and informational documents, training curricula and materials, links to online courses, training exercises like role-plays, and discussion questions. Materials that can be helpful in developing training programs are also included. Some of these materials have been designed specifically for DV programs and services, while others are not specific to DV but contain information that can be useful to DV victim advocates.

- **Practical Tools for Domestic Violence Advocates** | HTML
  by The National Center on Domestic Violence, Trauma & Mental Health (2012)
  These fact sheets provide information and practical tips for domestic violence victim advocates on working with survivors who are experiencing trauma symptoms and/or mental health conditions.
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- **Conversation Guide Series** | HTML
  by The National Center on Domestic Violence, Trauma & Mental Health (2012)
  The Conversation Guide Series provides 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 provides instructions on how to lead discussions and activities with program staff.
  + View Summary

- **Access to Advocacy: Serving Women with Psychiatric Disabilities in Domestic Violence Settings - Participant Guide** | PDF (204 p.)
  by the Domestic Violence & Mental Health Policy Initiative; National Center on Domestic Violence, Trauma & Mental Health (2007)
  This curriculum contains NCDVTMH's core training materials related to trauma and psychiatric disability. Topics covered include

the impact of trauma across the lifespan; recommendations for working with survivors experiencing the traumatic effects of abuse, mental health conditions, and/or psychiatric disability; recommendations for collaboration; developing inclusive and trauma-informed services; peer support principles; and legal issues.
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- **Real Tools: Responding to Multi-Abuse Trauma - A Tool Kit to Help Advocates and Community Partners Better Serve People with Multiple Issues** | [PDF] (353 p.)
  by Debi S. Edmund and Patricia J. Bland for the Alaska Network on Domestic Violence and Sexual Assault (2011)
  This toolkit focuses on survivors of multi-abuse trauma — those who are affected by multiple issues that negatively affect safety, health, or well-being. A primary focus of the toolkit is on how many survivors of domestic violence experience alcohol and drug dependence, complex trauma, homelessness, and other hardships.
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- **Reducing Barriers to Support for Women A Toolkit for Supporting Women with Mental Wellness and Substance Use** | [PDF]
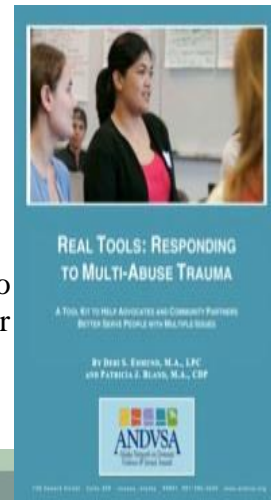 *by the BC Society of Transition Houses (2011)*
  designed to assist transitional housing providers providers in providing effective services to violence. It draws on the knowledge of women experienced violence and those who have
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  Fleeing Violence: Varying Levels of (203 p.)
  This manual is and other service women fleeing who have supported them.

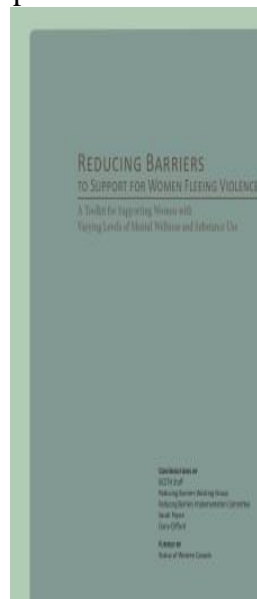- **Webinars & Seminars from the National Domestic Violence, Trauma & Mental Health**
  This page provides access to recorded webinars National Center on Domestic Violence, Trauma various topics related to trauma, mental health, violence.
  + View Summary

  Center on | [HTML]
  hosted by the & Mental Health on and domestic

Secondary Trauma, Reflective Practice & Reflective Leadership | **Back to top**

As advocates, we spend a lot of time thinking about how oppression and power dynamics operate in the lives of survivors we are working with, and this Special Collection asks us to integrate a trauma-informed lens into our work. But do our agencies themselves embody these values? Applying an empowerment-based and trauma-informed approach to our agency structures means creating nonhierarchical, participatory, and transparent organizational processes, and developing ways of working and supporting our colleagues that are supported by an understanding of trauma.

Creating empowerment-based and trauma-informed agencies and human resources policies is necessary to providing trauma-informed services and advocacy. This includes making sure that human resource functions are trauma-informed. Supervisors, in particular, should be aware of the ways in which trauma can affect relationships at work. DV victim advocates are routinely exposed to secondary traumatic stress (sometimes called vicarious trauma), and many workers in the field have trauma in their own backgrounds.

Self-reflection and self-care thus need to be actively supported. The resources in this section are designed to facilitate a critical reexamination of human resources policies with an eye toward intentionally putting policies in place that fully support staff in doing this work.

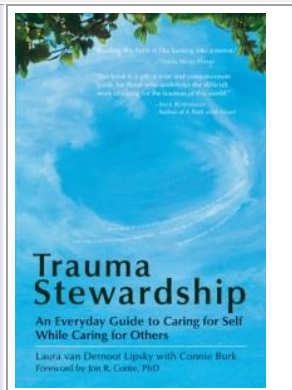**Domestic violence specific resources**

- **Reflective Leadership as a Strategy for Accountability** | PDF (26 p.)
  by Terri Pease for The Voice: The Journal of the Battered Women's Movement of the National Coalition Against Domestic Violence (Spring 2009)
  This article discusses accountability in the context of an empowerment model, which recognizes power as a tool of oppression. The article proposes a model of reflective practice and supervision as an alternative to top-down approaches, and gives specific illustrations of the use of reflective techniques in staff supervision.
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- **Guidebook on Vicarious Trauma: Recommended Solutions for Anti-violence Workers** | PDF (128 p.)
  by Jan I. Richardson (2001)
  This guidebook attempts to recognize the unique experiences of anti-violence workers in Canada, promoting individual, equity, and organizational supports. This guidebook explores the response to vicarious trauma within certain communities and cultural groups.
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Resources that are not specific to DV settings

The Trauma Stewardship Institute
"Raising awareness and responding to the cumulative toll on those who are exposed to the suffering, hardship, crisis, or trauma of humans, living beings, or the planet itself. " The Trauma Stewardship Institute website provides keynote talks, organizational consulting, workshops and retreats, and disaster response assistance based on the decades of life experience of the Institute's founder, Laura Van Dernoot Lipsky.

Trauma Stewardship
An Everyday Guide to Caring for Self While Caring for Others
Laura van Dernoot Lipsky with Connie Burk
Foreword by Jon R. Conte, PhD

- **ProQOL Assessment Instrument** | HTML
  (2009)

The ProQOL (Professional Quality of Life Elements Theory and Measurement) is the most commonly used measure of the negative and positive effects of helping others who experience suffering and trauma. The ProQOL has sub-scales for compassion satisfaction, burnout, and compassion fatigue.
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- **Using Reflective Supervision to Support Trauma-Informed Systems for Children** | PDF (3 p.)
  by Anje Van Berckelaer for Multiplying Connections (2009)
  This white paper offers a rationale to administrators, program directors, and supervisors in child service agencies for the adoption of reflective supervision as a supervisory approach consistent with trauma-informed approaches.
  + View Summary

- **Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals** | PDF (6 p.)
 *by the National Child Traumatic Stress Network*
  This fact sheet provides a concise overview of secondary traumatic stress and its potential impact on child-serving professionals. It also outlines options for assessment, prevention, and interventions relevant to secondary stress, and describes the elements necessary for transforming child-serving organizations and agencies into systems that also support worker resiliency.
  + View Summary

- **Self-Care Assessment Worksheet** | PDF (3 p.)
  by K.W. Saakvitne and L.A. Pearlman for the Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy (1996)
  This self-assessment checklist includes sections on physical, psychological, emotional, spiritual, and professional self-care and balance.
  + View Summary

- **The Sanctuary Model: A Restorative Approach for Human Service Organizations** | PDF (2 p.)
  by Laura Mirsky for the International Institute for Restorative Practices (March 2010)
  This article describes Dr. Sandra Bloom's Sanctuary Model as an operating system that helps human services organizations function in a humane, democratic, and socially responsible manner.
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This video from Care Visions shows how they embraced The Sanctuary Model across their children's services. Their goal was to work with those with complex needs in a way that helps them make sense of their painful past experiences, thus allowing them to lead a full and purposeful life.

Working with Specific Communities | **Back to top**

Survivors of domestic violence in communities of color as well as other marginalized communities historically have faced numerous barriers when seeking services and support. This section explores some of these barriers, examines the cultural context of domestic violence in specific marginalized communities, and makes recommendations for how to build cultural competency.

"Redemption" by Oralia Diaz
Co-founder of Arte Sana

Specific communities discussed in this section include African American women, Latinas, refugee and immigrants, individuals who identify as lesbian, gay, bisexual, or transgender (LGBT), religious and faith-based communities, people with disabilities and people who are D/deaf. Individuals in many of these communities may experience the effects of historical trauma—that is, they may be affected by traumatic events (such as intense discrimination, colonization, and slavery) that happened to the group with which they identify, even if they did not directly experience the event themselves. Historical trauma, a concept that is relevant to many communities, is explored in this section.

> Harvard Program in Refugee Trauma
> The Harvard Program in Refugee Trauma is located at the Harvard School of Public Health. It is a multi-disciplinary program that has been working in the field of health and mental health care for traumatized refugees and civilians in areas of conflict/post-conflict and natural disasters for over two decades. The website contains information about refugee trauma, descriptions of training programs, screening tools and manuals available for purchase, and materials for working with refugee trauma survivors.

- **Safety and Services: Women of color speak about their communities** | PDF (28 p.)
  by Jacquelyn Boggess and Jill Groblewski for the Center for Family Policy and Practice (October 2011)
  The project upon which this report is based invited African American women to express their views on services for victims and survivors of domestic violence, in particular the needs of survivors in low-income communities.
  + View Summary

- **Using Trauma-Informed AOD Treatment Practices to Improve Outcomes for African American Survivors of Domestic Violence** | PDF (8 p.)
  by Gabriella Grant for Ontrack Communications (2008)
  This article recommends numerous trauma-informed practices to be used by programs specifically working with women who have experienced trauma. It also recommends a simple agency assessment to identify specific strengths and weaknesses in terms of being able to effectively address trauma.
 **+ View Summary**

- **On the Road to Social Transformation: Utilizing Cultural and Community Strengths to End Domestic Violence** | PDF (85 p.)
  by Elsa A. Rios for the National Latino Alliance for the Elimination of Domestic Violence/Alianza Latina Nacional Para Erradicar la Violencia Doméstica
  This document is meant to inspire program innovation and a deeper commitment by service providers, policy makers and funders to building culturally proficient organizations capable of delivering quality services to diverse communities.
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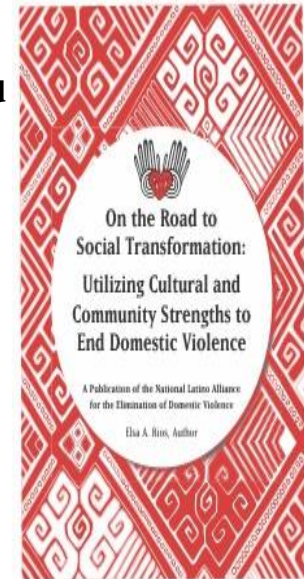
- **A Practical Guide for Creating Trauma-Informed Disability, Domestic Violence and Sexual Assault Organizations** | PDF (54 p.)
  by Disability Rights Wisconsin, Wisconsin Coalition Against Domestic Violence and Wisconsin Coalition Against Sexual Assault (December 2011)
  This guidebook focuses on the impact of domestic violence, sexual assault, and other forms of trauma on people with disabilities. It describes four conditions for a trauma-informed organization and provides tips on trauma-informed practices, creating organizational change, and providing universal safeguards.
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- **Intimate Partner Violence and Barriers to Mental Healthcare for Ethnically Diverse Populations of Women** | HTML (16 p.)
  by Michael Rodríguez, Jeanette M. Valentine, John B. Son, and Marjani Muhammad for Trauma Violence Abuse, 10(4) (October 2009)
  Ethnically diverse populations of women, particularly survivors of intimate partner violence, experience many barriers to mental health care. Attention to the barriers to mental health care for ethnically diverse survivors of IPV can help inform the development of more effective strategies for health care practice and policy.
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- **Transcending Violence: Emerging Models for Trauma Healing in Refugee Communities** | PDF (37 p.)
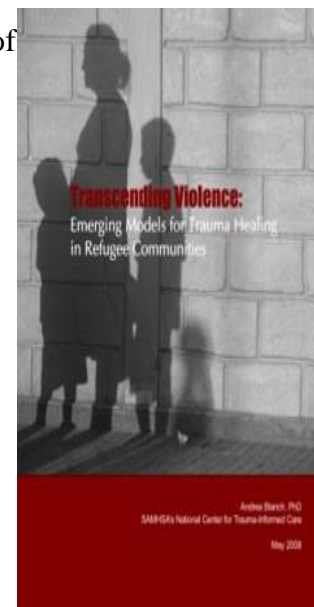
by Andrea Blanch for SAMHSA's National Center on Trauma-Informed Care (May 2008)
This monograph is an introduction and overview of the issues involved in providing mental health trauma services for refugees in the United States. It is intended primarily for people who work in or care about the public mental health system.
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- **Somewhere to Turn: Making Domestic Violence Services Accessible to Battered Immigrant Women, Chapter 1: Overview of Domestic Violence and Battered Immigrant Issues** | PDF (21 p.)
  by Leslye E. Orloff and Rachael Little, AYUDA, Inc. (May 1999)
  This chapter provides information about domestic violence in immigrant communities, including the power and control dynamics and the barriers faced by immigrant women in accessing services for domestic violence.
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- **Intimate Partner Violence in Immigrant and Refugee Communities: Challenges, Promising Practices and Recommendations** | PDF (66 p.)
  by the Family Violence Prevention Fund for the Robert Wood Johnson Foundation (March 2009)
  This report offers information on the challenges, prevention and treatment of IPV in immigrant and refugee communities. It includes recommendations and summaries for future work and funding efforts.
  + View Summary

- **Culturally Competent Service Provision to Lesbian, Gay, Bisexual and Transgender Survivors of Sexual Violence** | PDF (19 p.)
  by Sabrina Gentlewarrior with contributions from Kim Fountain (September 2009)
  This Applied Research paper provides a review of the research focusing on LGBT survivors of sexual trauma and offers recommendations for culturally competent service provision to LGBT clients.
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- **Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender and Queer Victims of Hate Violence and Intimate Partner Violence** | PDF (15 p.)
  by The National Center for Victims of Crime and the National Coalition of Anti-Violence Programs (March 2010)
  This report describes widespread gaps in victim services for LGBT victims of crime and recommends steps to improve both the services and their accessibility.
  + View Summary

- **A Conceptual Model of Historical Trauma: Implications for Public Health Practice and Research** | PDF (15 p.)
  by Michelle Sotero for the Journal of Health Disparities Research and Practice (Fall 2006)
  This article offers an analysis of the theoretical framework of historical trauma theory

and provides a general review of the literature. A conceptual model is introduced illustrating how historical trauma might play a role in disease prevalence and health disparities.
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- **A Community-Based Treatment for Native American Historical Trauma: Prospects for Evidence-Based Practice** | PDF (11 p.)
  by Joseph P. Gone for the Journal of Consulting and Clinical Psychology (2009)
  This article points out that one important way for psychologists to bridge evidence-based and culturally sensitive treatment paradigms is to partner with Indigenous programs in the exploration of locally determined therapeutic outcomes for existing culturally sensitive interventions that are maximally responsive to community needs and interests.
  + View Summary

- **A Commentary on Religious Issues in Family Violence** | PDF (8 p.)
  by Rev. Marie M. Fortune for the Center for the Prevention of Sexual and Domestic Violence (1991)
  This commentary addresses some of the common religious concerns raised by people dealing with family violence (including child sexual abuse and incest) and illustrates ways of converting potential religious roadblocks into valuable resources.
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Special Collection: Trauma-Informed Domestic Violence Services: Developing Collaborations and Increasing Access (Part 3 of 3)

This is PART 3 of a 3-part collection, which also includes Understanding the Framework and Approach (PART 1 of 3), and Building Program Capacity (PART 2 of 3). PART 3 provides resources for building collaboration to ensure that survivors and their children have access to culture-, DV- and trauma-informed mental health and substance abuse services.

Table of Contents:

This Special Collection was developed by the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) in partnership with the National Resource Center on Domestic Violence. Contact NCDVTMH for specialized technical assistance and training on this and related topics.

Survivors of domestic violence come to us with a lifetime of experiences, all of which shape the person that we see before us. Trauma-informed responses consider the complexity of survivors' experiences and provide comprehensive services to address a variety of intersecting needs. When we reach out to gather all pieces of the puzzle, effective treatment approaches can begin to take shape.

Introduction | Back to top

Building on over 20 years of work in this area, the National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) have put into practice a framework that integrates a trauma-informed approach with a DV victim advocacy lens. The term trauma-informed is used to describe organizations and practices that reflect an understanding of the pervasiveness and impact of trauma and that are designed to reduce retraumatization, support healing and well-being and address the root causes of abuse and violence. The resources compiled in these collections reflect this integrated perspective (NCDVTMH 2013, adapted from Harris and Fallot 2001).
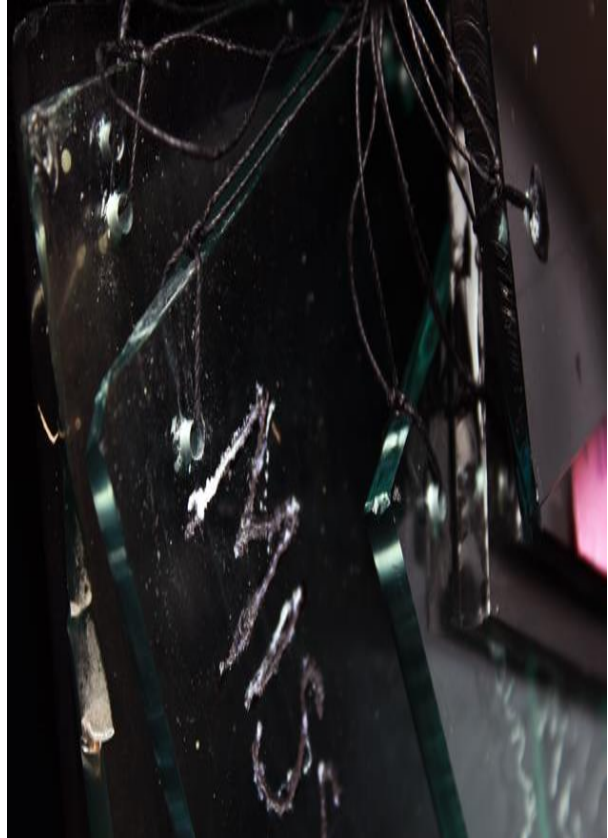
Resources on providing collaborative and comprehensive trauma-informed services and advocacy that have been developed by NCDVTMH specifically for DV settings. Also included throughout this collection are resources that have been developed for mental health or substance abuse settings that can also be useful to DV victim advocates.

The goals of this Special Collection series are to provide:

- Basic information about the different ways in which trauma can affect individuals and to highlight current research on effective ways to respond to trauma;
- Practical guidance on developing trauma-informed DV programs and services; and
- Information that will help support collaboration between DV programs, and mental health, substance abuse, and other social services agencies and that will increase awareness about trauma treatment in the context of DV.

A Note About Gender: *Intimate partner violence perpetrated by men against their female partners is epidemic. At the same time, whatever a person's gender or their partner's gender, they may experience intimate partner violence, and gendered language can minimize the experiences of many survivors. We have attempted to use language in this Special Collection that reflects our analysis of gender oppression and other forms of oppression, as well as our commitment to serving all survivors of domestic violence.*

The mission of the National Center on Domestic Violence, Trauma & Mental

Health 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 provides training, support, and consultation to advocates, mental health and substance abuse providers, legal professionals, and policymakers as they work to improve agency and systems-level responses to survivors and their children.

Collaborating with Mental Health and Substance Abuse settings | **Back to top**

For some survivors, the effects of trauma will be alleviated with increased safety and support; for others, professional mental health or substance abuse services may also be helpful. DV programs can play a key role in helping survivors connect with the services and supports that they want and need. However, accessing any kind of mental health or substance abuse services can be challenging, and even those providers who offer trauma-specific treatment are not necessarily trauma-informed. It may be especially difficult to find providers who also understand DV and the DV-related safety risks that survivors face, such as the risk that an abusive partner may interfere with treatment.

Building relationships with peer support specialists and mental health and substance abuse providers can help to fill these gaps. In a number of states and communities, collaborating to provide cross-training, cross-consultation and even co-located services has helped to create trusted cross-sector partnerships and a more robust safety net for survivors. These collaborations have also provided opportunities for DV programs and coalitions to play a critical role in influencing the development of behavioral health services that are both DV- and trauma-informed in their communities and their states.

This section includes resources that will be useful to DV victim advocates who have built or want to build partnerships with peer support specialists and mental health and substance abuse providers.

- **Creating Trauma-Informed Services Tipsheet Series** | HTML
  by the National Center on Domestic Violence, Trauma & Mental Health (2012)
  These tipsheets 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.
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- **Locating Mental Health & Substance Abuse Supports for Survivors: A Reference Sheet for Domestic Violence Advocates** | PDF (2 p.)
  by the National Center on Domestic Violence, Trauma & Mental Health (February 2012)
  This document contains resources that you can use to locate additional supports for survivors who are experiencing mental health or substance abuse conditions.
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- **Collaboration Charter** | PDF (22 p.)
  by the Domestic Violence & Mental Health Collaboration Project (Revised September 2010)
  This charter represents the collaborative agreement among partners of the Domestic Violence and Mental Health Collaboration Project. The charter includes agreements on mission and values, roles and responsibilities, decision-making, conflict resolution, communications, and confidentiality.
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- **Fragmented Services, Unmet Needs: Building Collaboration Between The Mental Health And Domestic Violence Communities** | HTML
  by Carole Warshaw, Ada Mary Gugenheim, Gabriela Moroney and Holly Barnes for Health Affairs (2003)
  This report describes the initial focus and work of the Domestic Violence & Mental Health Policy Initiative (DVMHPI), a Chicago-based project that was founded in 1999 to build the capacity of Chicago-area service systems to provide accessible, culturally relevant, and DV- and trauma-informed services.
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- **Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences (Full Report)** | PDF (145 p.)
  by Eleanor Lyon, Shannon Lane, and Anne Menard for the National Institute of Justice (October 2008)
  This study highlights the importance of providing services to meet survivors' emotional and mental health needs and for developing strategies to assist with conflict resolution in shelters – both areas in which a trauma-informed approach could be of benefit.
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- **Meeting Survivors' Needs through Non-Residential Domestic Violence Services & Supports: Results of a Multi-State Study (Full Report)** | PDF (322 p.)
  by Eleanor Lyon, Jill Bradshaw, and Anne Menard for the National Resource Center on Domestic Violence (NRCDV) (November 2011)
  This report demonstrates that DV programs are now meeting a broader range of survivors' needs than ever before (whether directly or in collaboration with other community agencies), including needs related to physical and mental health, economic security, legal and immigration issues, and transportation. The study highlights the importance of ensuring that survivors have access to an array of resources including mental health and substance abuse services.
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- **Mental Health and Domestic Violence: Collaborative Initiatives, Service Models, and Curricula** | PDF (77 p.)
  by Carole Warshaw and Gabriela Moroney for the Domestic Violence and Mental Health Policy Initiative (September 2002)
  This report describes concerns of state domestic violence coalitions and mental health providers and/or agencies and provides model initiatives and programs that have begun

the work of responding to the mental health needs of battered women and their children.
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- **Screening for Domestic Violence in Mental Health Settings** | HTML
  by the NYS Office for the Prevention of Domestic Violence (2010)
  This page is designed for mental health professionals who don't work in specialized domestic violence services, but need to know about their clients' experiences of victimization in order to provide them with the best possible services.
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- **Women and Trauma: Report of the Federal Partners Committee on Women and Trauma, A Federal Intergovernmental Partnership on Mental Health Transformation** | PDF (79 p.)
  by the Women and Trauma Federal Partners Committee (June 2011)
  This report, or call to action, provides background on women and trauma, describes a Roundtable held on April 29, 2010, and presents an outline of what the Committee plans for the coming year.
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- **Domestic Violence and Health Care** | HTML
  by the Minnesota Center Against Violence and Abuse for VAWnet, the National Resource Center on Domestic Violence (October 2008)
  This collection organizes resources into the following five areas: 1) the impact of domestic violence on health; 2) public health approaches to domestic violence prevention; 3) guidelines and issues concerning identification and intervention by health care providers; 4) information about collaboration between health care providers and domestic violence advocates; and 5) training.
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Trauma-SPECIFIC Treatment MODELS | **Back to top**

While awareness of trauma has grown considerably in both the mental health and substance abuse fields, access to mental health or substance abuse services of any kind is often limited, much less services that are gender responsive, culturally relevant, trauma-informed, and trauma specific. Additional barriers to services exist for survivors who do not speak English or are undocumented, or for whom accessing behavioral health services carries a high level of stigma.

There are currently a handful of trauma treatment models that have been developed specifically for survivors of domestic violence. Most have adapted some form of Cognitive Behavioral Therapy (CBT), one of the common

evidence-based treatments for posttraumatic stress disorder (PTSD), by including issues of particular concern to DV survivors and/or by modifying the length of treatment to increase accessibility. Several of these models have shown promise for improving the mental health and well-being of DV survivors, depending on their circumstances. To learn more about these models, see *A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors,* by Carole Warshaw MD, Cris Sullivan, PhD, and Echo Rivera.

OTHER PROMISING APPROACHES: COMPLEX TRAUMA TREATMENT MODELS
While evidence-based trauma treatment designed specifically survivors of DV is currently limited, there are a number of other trauma treatments that may prove helpful for DV survivors if they are adapted to incorporate DV-specific concerns and studied to assess their safety and efficacy for DV survivors. The most promising of these are complex trauma treatment models.

Based originally on the work of Judith Herman, MD, in her 1992 book, *Trauma and Recovery*, complex trauma models offer a more comprehensive framework for understanding and responding to the various effects of chronic abuse as well as a more flexible multi-modal treatment approach. To date, none have been specifically tailored to or studied for survivors of domestic violence. In the long run, however, these models may ultimately prove to be especially useful to DV survivors, particularly those whose experiences of abuse have been more prolonged and severe. Complex trauma treatment models also tend to be consistent with many elements of trauma-informed practice, including addressing safety as a priority, recognizing that symptoms may be coping strategies, and stressing the importance of respectful, collaborative relationships in supporting healing and recovery (Harris, 1998; Saakvitne, Gamble, Pearlman, & Lev, 2000, Courtois and Ford, 2012). Treating Complex Traumatic Stress Disorders (Adults) An Evidence-Based Guide Edited by Christine A. Courtois and Julian D. Ford. Guilford Press, New York 2009.

SAMHSA'S NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS AND PRACTICES
While it is beyond the scope of this Special Collection to provide a comprehensive review of trauma-specific treatments, this supplementary resource references a handful of trauma treatment approaches that are available in published form and take a broader approach, are relevant to women, and could potentially be adapted for survivors of domestic violence.

In addition, the National Registry of Evidence Based Programs and Practices, maintained by the Substance Abuse and Mental Health Services Administration (SAMSHA), currently lists 27 trauma-specific treatment techniques that have met stringent criteria for research evidence, and new techniques are being added on a regular basis. However, the treatments listed have not been designed specifically for DV survivors.

> **Trauma Treatment in the Context of Domestic Violence**
> For an in-depth review of mental health treatment in the context of DV, see the forthcoming eBook based on Warshaw, C., Brashler P. Mental Health Treatment for Survivors of Domestic Violence. In C. Mitchell and D. Anglin (Eds.), Intimate partner violence: A health based perspective. New York: Oxford University Press (2009) (chapter is available on request from info@ncdvtmh.org).

- **A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors** | PDF (27 p.)
  by Carole Warshaw, Cris Sullivan, and Echo Rivera for the National Center on Domestic Violence, Trauma & Mental Health (February 2013)
  This literature review provides an analysis of nine trauma-based treatments specifically designed or modified for survivors of domestic violence, along with caveats and recommendations for research and practice going forward.
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- **Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services** | PDF (117 p.)
  by Ann Jennings for the National Center for Trauma-Informed Care (2008)
  This extensive report includes descriptions of trauma service models and evidence-based and promising practice models. All models are designed for persons receiving public mental health and/or substance abuse services who have been traumatized by interpersonal violence and abuse.
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- **Models from Mental Health and Substance Abuse Settings: Trauma-Informed Domestic Violence Services** | PDF (3 p.)
  by the National Center on Domestic Violence, Trauma, and Mental Health for the National Resource Center on Domestic Violence (April 2013)
  This resource includes a list of domestic violence specific trauma treatment approaches that exist in published form as well as trauma program models that take a broader approach, are relevant to women, and could potentially be adapted for survivors of domestic violence.
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Women, Trauma & Addiction | Back to top

There are a number of issues to keep in mind when working with survivors who are dealing with substance abuse and when considering referrals for substance abuse treatment in the context of ongoing domestic violence. Understanding the role of abuse and trauma in initiating and sustaining a survivor's use of substances as well as the role substance use plays in a survivor's life are important for ensuring that treatment is tailored to her or his needs. Regardless of origin, substance use provides additional opportunities for control by abusers and additional safety risks for survivors. By partnering with

substance abuse providers in their communities, advocates can play an important role in ensuring that services are attentive to these concerns. For more information on these issues, see the [NCDVTMH Tipsheet on Mental Health and Substance Abuse Coercion](#).

- **Real Tools: Responding to Multi-Abuse Trauma—A Tool Kit to Help Advocates and Community Partners Better Serve People With Multiple Issues** | [PDF](#) (352 p.)
  by Debi S. Edmund & Patricia J. Bland for the Alaska Network on Domestic Violence & Sexual Assault (2011)
  This manual provides comprehensive guidance on how advocates and communities can respond to multi-abuse trauma often experienced by survivors of domestic violence.
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- **Seeking Safety: A Treatment Manual for PTSD and Substance Abuse** | [HTML](#)
  by Lisa Najavits
  Seeking Safety is an empirically studied, integrative treatment approach developed to help people attain safety from trauma/PTSD and substance abuse. This website provides implementation tools, sample topics, research summaries, articles, and assessment tools related to the program.
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In this video, Dr. Stephanie Covington, author of [Helping Women Recover—A Program for Treating Addiction Facilitator's Guide & A Woman's Journal](#) shares her story and reviews the goals of her work to integrate theories of women's psychological development, trauma, and addiction to meet the needs of women with substance-use disorders.

Helping Women Recover is a comprehensive, integrated curriculum for treating women with histories of addiction and trauma. It is based on the Women's Integrated Treatment model (WIT) and is grounded in research, theory, and clinical practice. The foundation of the WIT treatment model is the integration of three theories: a theory of addiction, a theory of women's psychological development, and a theory of trauma. The therapeutic strategies include psycho-educational, cognitive-behavioral, expressive art, and relational. The philosophy of the evidence-based program materials is consistent with the elements of a women-centered treatment model. The facilitator's manual for the seventeen-session program is a step-by-step guide containing the theory, structure, and content needed for running groups. *A Woman's Journey*, the participant's workbook, allows women to process and record the therapeutic experience. The program model is organized into four modules that reflect the areas that recovering women have identified as triggers for relapse and as necessary for growth and healing. The materials are designed to be user-friendly and self-instructive. This allows the HWR program to be implemented by a staff with a wide range of training and experience. *Helping Women Recover* is a good resource for domestic violence agencies that want to include more comprehensive services. It is best facilitated by an experienced advocate with group skills or by someone with clinical experience.

Peer Support and Peer Involvement | **Back to top**

Domestic violence services emerged from a peer-based movement — a movement of people who had experienced abuse. Similarly, the substance abuse field was strongly influenced by the 12-step movement, which was peer-driven, and many people in the field are also in recovery. In both arenas, practice evolved from the stories of people with lived experiences and their allies. Within the peer movement in mental health (also referred to as the consumer, ex-patient, or survivor movement) there is a long tradition of people diagnosed with mental illnesses advocating for their rights.

The trauma-informed approach in mental health owes a debt of gratitude to the peer movement. The struggle of the activists who built this movement for the right to name their experience and control their lives was the foundation on which trauma-informed care was built. Many of the early mental health reformers were women who were abused twice—first at home by their abusers, and then by the mental health system (often after being committed by the people who were abusing them). Their experiences serve as a reminder that trauma-informed services are as much about social justice as they are about healing. Confronting the misuse of power, unearthing the roots of violence and coercion, and advocating for social change are as important as (and interdependent with) healing the personal consequences of abuse.

Peer support can be an important resource for DV agencies, whether it takes the form of independent peer-run programs, self-help and mutual support groups, or services delivered by peers working within mental health organizations. Through the establishment of collaborative relationships with peer support providers, DV advocates can increase their own understanding of mental health and psychiatric disability and develop their skills for supporting survivors who are experiencing a mental health crisis or who need emotional support, while also sharing their knowledge about trauma and domestic violence.

In this video, residents and staff describe the programs and structure of the [Peer Support and Wellness Center](#) in the Metro Atlanta Area.

[Healing Self-Injury](#)

This website describes how self-inflicted violence (SIV) is a common means of managing the after-effects of traumatic experiences, serving to temporarily manage many of the emotional struggles that stem from unhealed trauma. Most people living with self-injury have experienced abuse. Once understood in context, SIV can be healed by acknowledging the needs it serves and addressing the trauma from which it springs. The website includes resources, FAQs, survivor expressions, and a blog.

- **Engaging Women in Trauma-Informed Peer Support: A Guidebook** | PDF (96 p.)
  by Andrea Blanch, Beth Filson, and Darby Penney for the National Center for Trauma-Informed Care (April 2012)
  This guide is designed as a resource for peer supporters in behavioral health or other settings who want to learn how to integrate trauma-informed principles into their relationships with the women they support or into the peer support groups of which they are members.
  + View Summary

- **The Essence of Being Real: Relational Peer Support for Men and Women who have Experienced Trauma** | PDF (76 p.)
  by Jennifer L. Wilkerson for Sidran Press (2002)
  This manual offers trauma survivors a way to explore their experiences, receive support, and work through the stigma often associated with needing help to heal.
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- **Dealing with the Effects of Trauma: A Self-Help Guide** | PDF (10 p.)
  by Mary Ellen Copeland for the Substance Abuse and Mental Health Services Administration (SAMHSA) (2002)
  This booklet is designed to help determine if traumatic experiences may be causing some or all of the symptoms an individual is experiencing. It provides guidance in working to relieve these symptoms and includes suggestions for healing from the effects of trauma.
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- **In Their Own Words: Trauma survivors and professionals they trust tell what hurts, what helps, and what is needed for trauma services** | PDF (81 p.)
  by Ann Jenings and Ruth O. Ralph for The Department of Mental Health, Mental Retardation and Substance Abuse Services (June 1997)
  Both survivors of abuse and the professionals they trust give voice in this book to their experiences with individuals, organizations, and systems that have been shaped and influenced in such a way that they frequently harm, rather than help, the individuals they serve. Readers will be moved by their accounts of what hurts, what helps, and what is needed from our service systems for healing
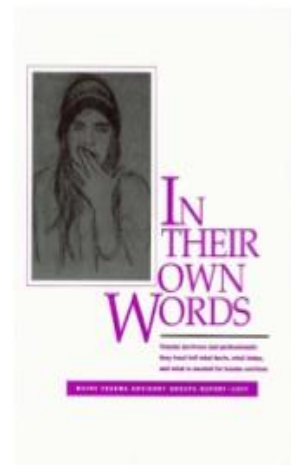
and recovery.
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- **In Our Own Voice: African American Stories of Oppression, Survival and Recovery in Mental Health Systems** | PDF (32 p.)
by Vanessa Jackson for the Substance Abuse Mental Health Services Administration (SAMHSA)
This guide provides historical highlights regarding African American survivors and mental health treatment in America; explores the themes shared in the collected oral histories; provides strategies for using history projects as a tool for personal and community healing and social change; and includes resources to assist you in starting your own history project.
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- **The Politics of Memory: Part II. The Voice of the Oppressed** | HTML
by Patricia Deegan (December 2010)
This video (embedded below) highlights the historical roots of the mental health consumer/survivor/ex-patient movement in the fight for women's rights. It graphically but eloquently describes the abuses women and men experienced at the hands of the mental health system. *Trigger Warning*
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- **On Being Invisible in the Mental Health System** | PDF (14 p.)
by Ann Jennings for The Journal of Mental health Administration 21(4): 374-387. (1994)
The author provides a case study of her daughter's sexual abuse as a child and subsequent experiences as a "chronically mentally ill" client in the mental health system. Information from 17 years of mental health records and anecdotal accounts are used to illustrate the effects of the abuse, her attempts to reach out for help, and the system's failure to respond.
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Recommended Reading | **Back to top**

- **Recommended Reading: Trauma-Informed Domestic Violence Services** | PDF (7 p.)
by the National Center on Domestic Violence, Trauma, and Mental Health for the National Resource Center on Domestic Violence (April 2013)
This list provides recommended supplementary reading for the 3-part VAWnet Special Collection series, Trauma-Informed Domestic Violence Services.
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