

Trauma 101: Understanding Trauma Impacts & Tools to Support Clients with Trauma Histories



nvrdc

Network for Victim Recovery of DC



Network for Victim Recovery of DC



SERVES SURVIVORS OF ANY TYPE OF CRIME

From sexual assault to homicide and elder abuse.



FREE, HOLISTIC, TRAUMA- INFORMED SERVICES

Working together to increase access to services.



SURVIVOR-DEFINED JUSTICE

There's no "right" way to react to a crime.





THE PERSON CENTER



We are a nonprofit that serves and supports African Immigrant and Refugee survivors of domestic violence, sexual assault, and stalking in Washington DC.

TPC offers case management and crisis support for survivors, develops and facilitates community education workshops, professional trainings for community organizations and responders, and leads advocacy initiatives throughout the district.

TODAY'S DISCUSSION

- 1) Discuss how the neuroscience of trauma impacts the brain and behavior;
- 2) Identify common barriers trauma presents when accessing legal support; and
- 3) Discuss trauma-responsive approaches when representing clients with trauma histories.





JUST A NOTE

ON LANGUAGE

Victim v. Survivor

ON CONTENT

Will be covering case examples

SHORT & LONG-TERM SUPPORT



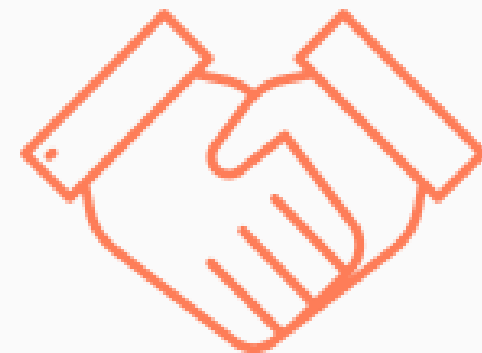
BEST PRACTICES



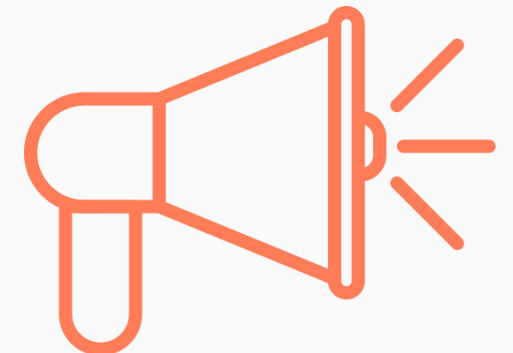
Build Trust &
Rapport



Respectful
approach to
victims



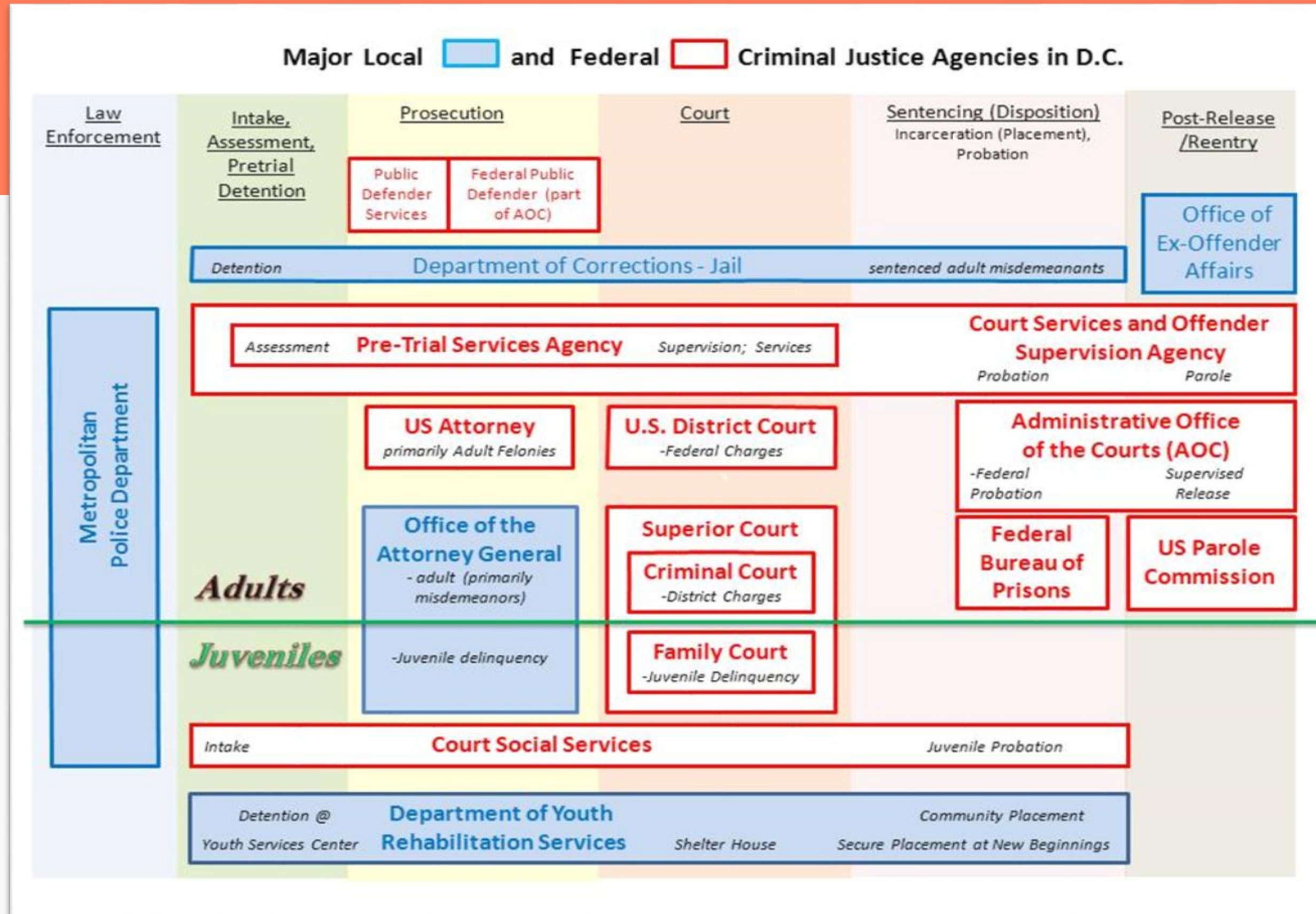
Recognize and
honor the role of
culture in
victimization



Advocate for
victims' choices
and rights



YET THIS OUR DC SYSTEM FOR VICTIMS TO NAVIGATE AFTER CRIME





"[I]F ONE SET OUT BY DESIGN TO DEVISE A SYSTEM
FOR PROVOKING INTRUSIVE POST-TRAUMATIC
SYMPTOMS, ONE COULD NOT DO BETTER THAN A
COURT OF LAW."

- Judith Lewis Herman, Trauma and Recovery: The Aftermath Of
Violence – From Domestic Abuse To Political Terror

DISCUSS HOW THE NEUROSCIENCE OF TRAUMA IMPACTS THE BRAIN AND BEHAVIOR



TRAUMA 101

General Factors:

- Threatening or dangerous experience
- Helplessness and lack of control
- Determined by the response to the event not the event itself = defined by the experience of the survivor
- Reoccurring traumatic experiences can lead to Post Traumatic Stress Disorder (PTSD)

“Traumatization occurs when both internal and external resources are inadequate to cope with external threat.”

Understanding the Impact of Sexual Assault: The Nature of Traumatic Experience, Sandra L. Bloom, M.D. 2003.

WHAT CAUSES TRAUMA?



MILITARY EXPERIENCE

HUMAN RIGHTS VIOLATIONS



SURVIVING NATURAL DISASTERS

SERIOUS ACCIDENTS



CRIMES?

- Any crime
- Trauma is a subjective determination



TRAUMA EFFECTS ON THE BRAIN: TWO PHASES



INITIAL CRISIS



LONG-TERM STRESS
REACTION

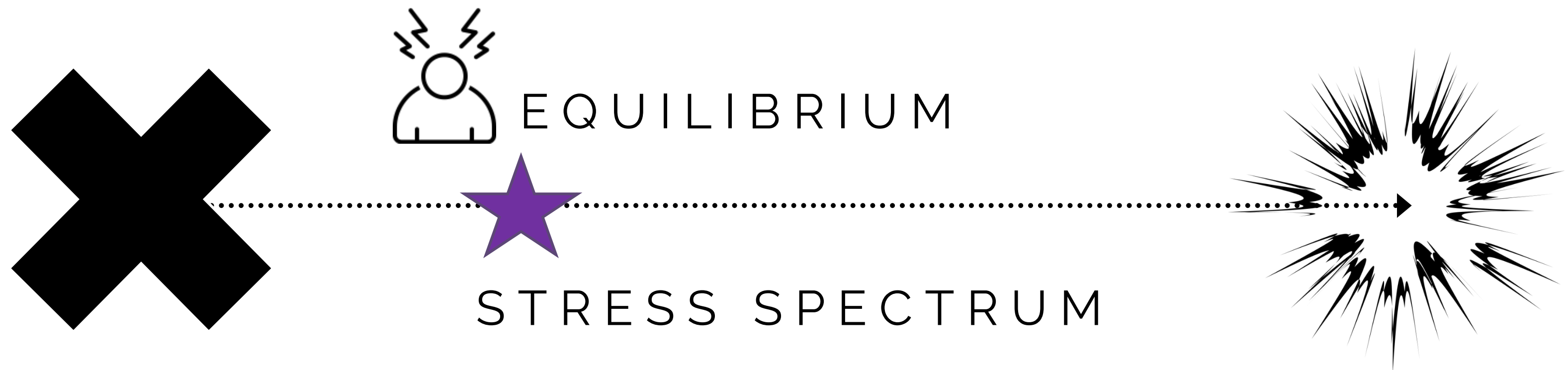
*MARLENE A. YOUNG, VICTIM ASSISTANCE: FRONTIERS AND FUNDAMENTALS, NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE.



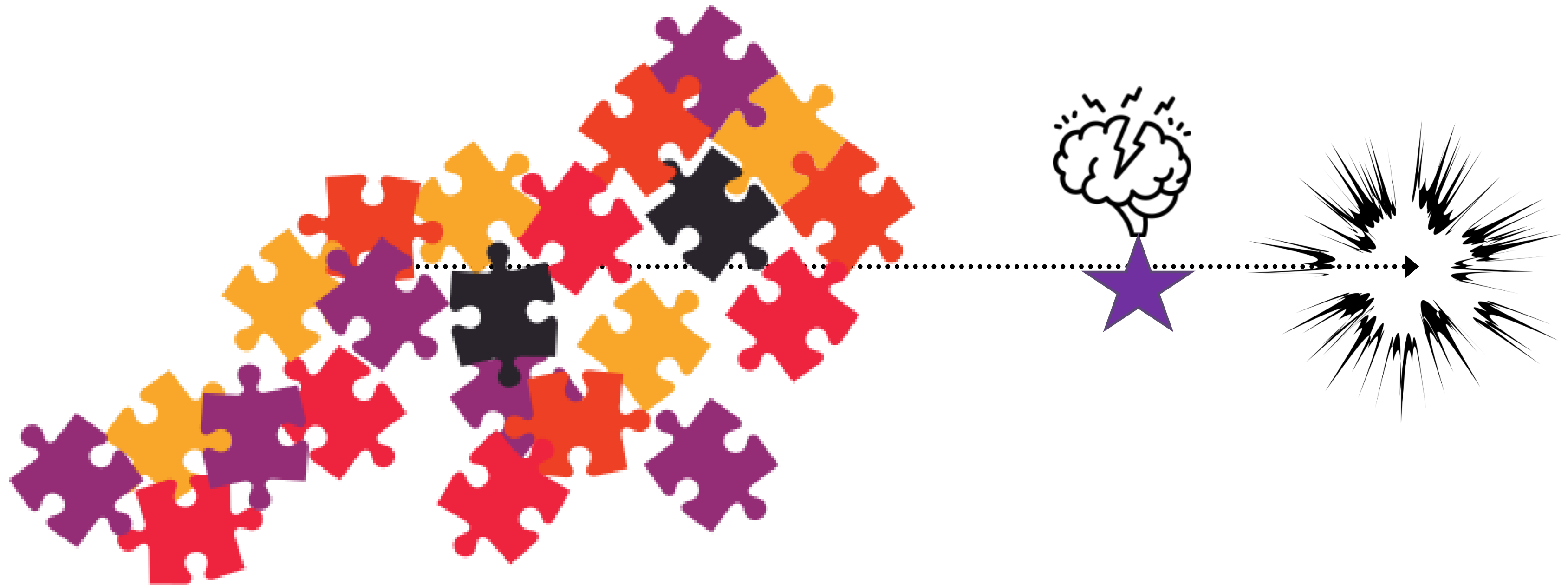
THE CRISIS REACTION



THE CRISIS REACTION



THE CRISIS REACTION: TRAUMA





PHYSICAL REACTIONS

- Increase in heart rate
- Hyperventilation, perspiration and physical agitation
- Heightened sensory perception
- Regurgitation or urination



EMOTIONAL REACTIONS

- Parallels the Physical Response
- Shock, disbelief and/or denial
- Most Common Responses?
 - Fear
 - Anger
 - Others?



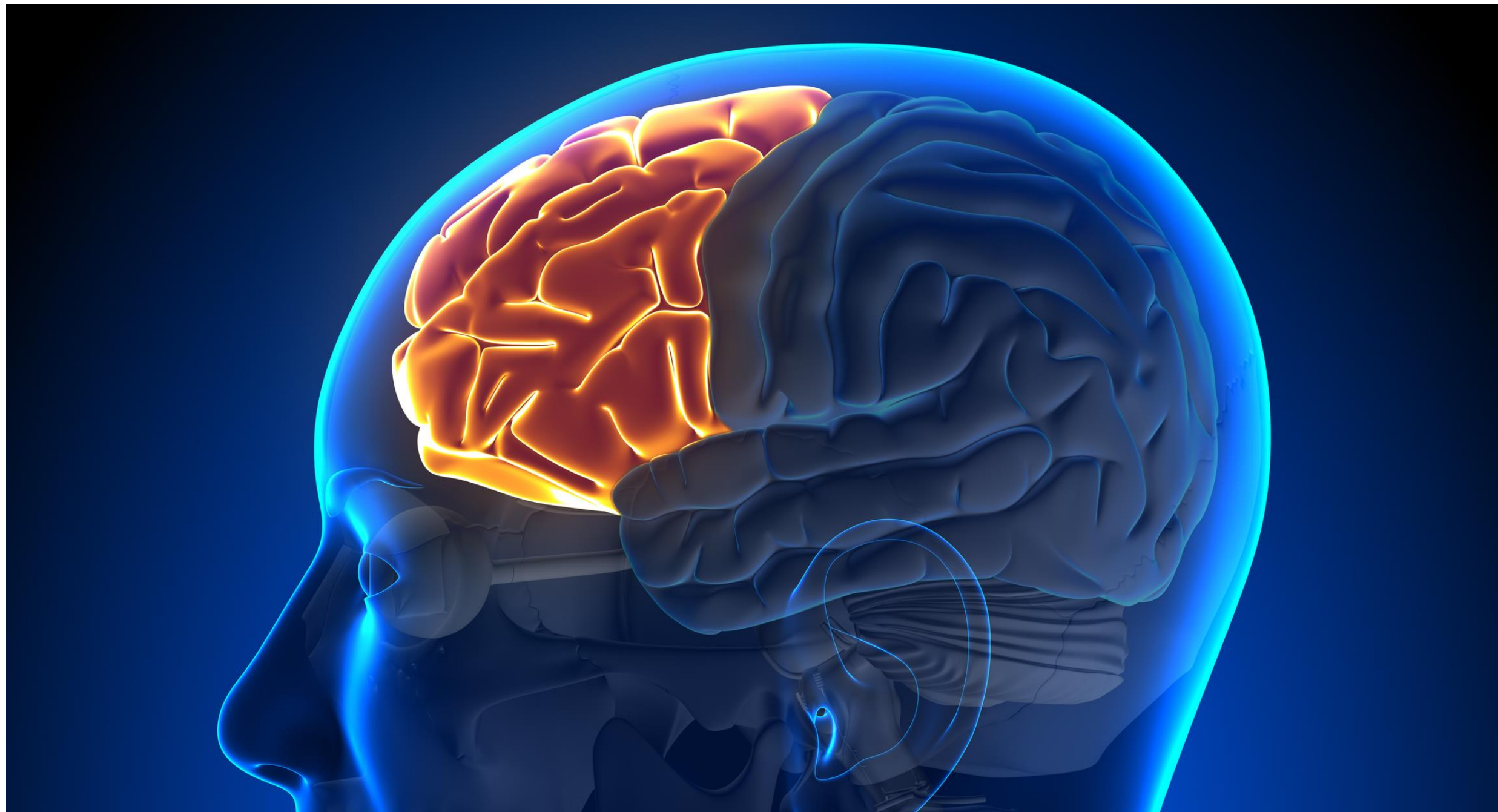
TRAUMA AND THE BRAIN

The limbic system:

- Emotions
- Memories



FRONTAL LOBE CORTEX



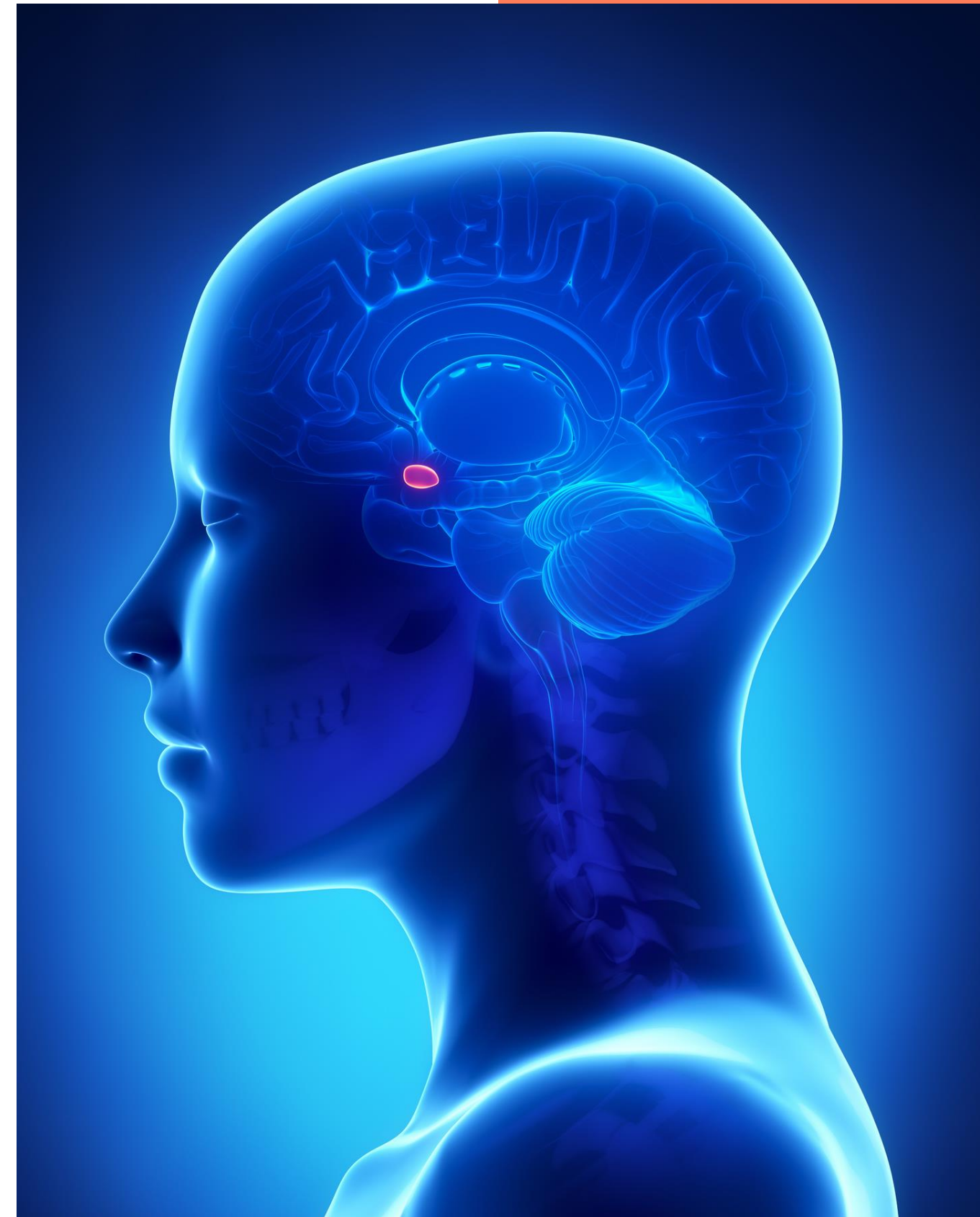
Stores
memories

Involved in
the logic
process



AMYGDALA

- Designed for protection
- Operates like a pass fail exam
- Is incapable of logic
- Unconscious; Activates the Autonomic Nervous System
- Determines the best response to a threat
- Is an automatic response to danger and not a conscious choice





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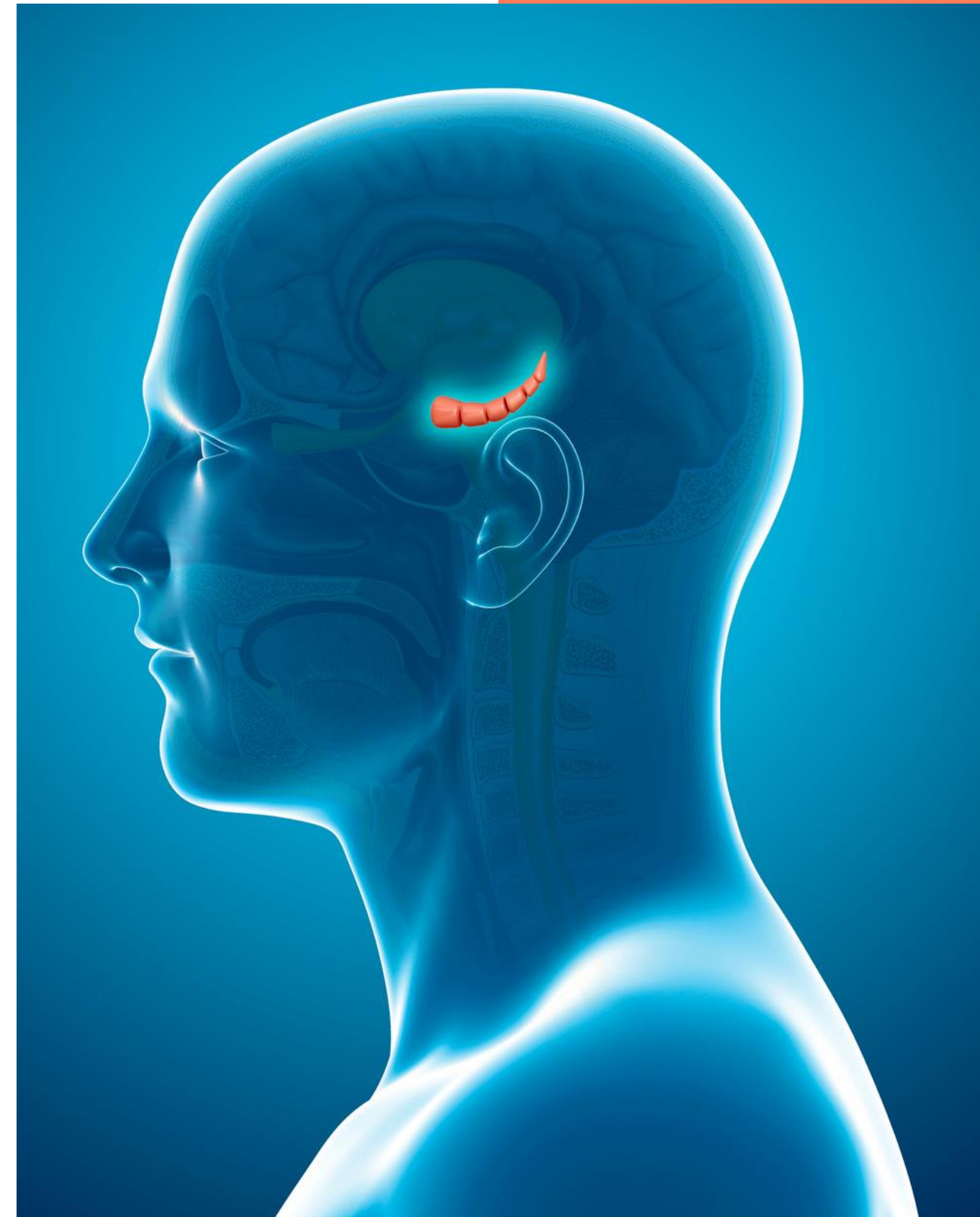






HIPPOCAMPUS

- Associated with learning and memory
- Encodes and stores memories--stores traumatic memories differently
- Unconscious response to templates of danger
- Only requires 10 to 20% of overlap
- Signals danger to the amygdala which activates the flight, fight or freeze (tonic immobility)



IDENTIFY COMMON BARRIERS TRAUMA PRESENTS WHEN ACCESSING LEGAL SUPPORT





OVER-GENERALIZED SIGNALS OF DANGERS

- Better for survival
- Emotionally can disrupt life
- Trauma victims can be more vulnerable to make false associations which interpret danger in an environment where none exist
- This is not the same as invented memories!

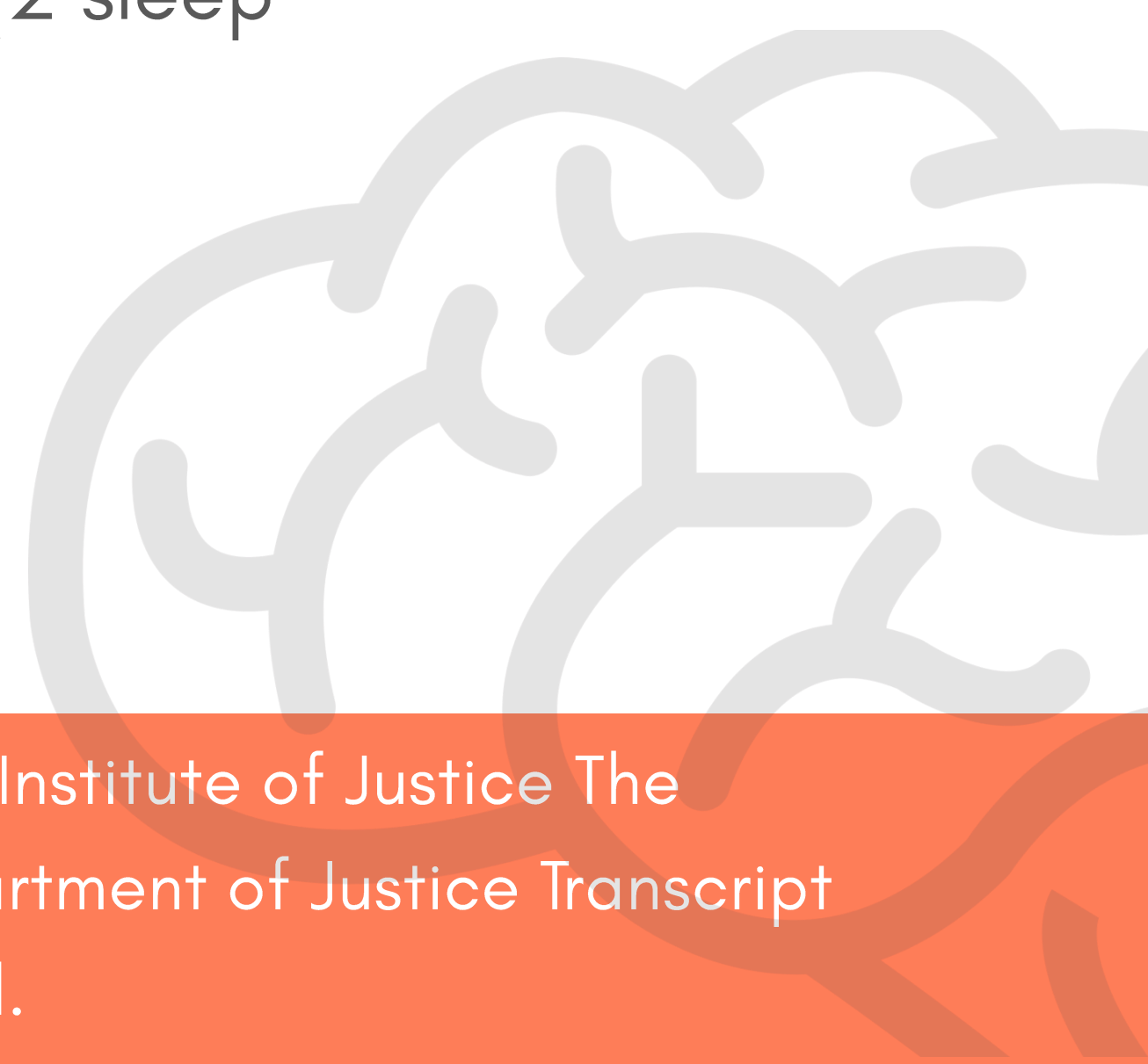


The Invisible Epidemic: Post-Traumatic Stress Disorder, Memory and the Brain, J. Douglas Bremner, M.D.



TRAUMA & MEMORY

- The ability to recall details of the traumatic incident are not the same in the acute crisis moment as they are 48 hours (2 sleep cycles later).
- Sticky notes example.



U.S. Department of Justice, Office of Justice Programs, National Institute of Justice The Research, Development, and Evaluation Agency of the U.S. Department of Justice Transcript "The Neurobiology of Sexual Assault" with Dr. Rebecca Campbell.

CHRONIC TRAUMA & MEMORY RESEARCH



- Decreased size of hippocampus
- Hard time recalling the trauma
- But recall the physical and emotional feelings associated with the trauma
- Physiologically not able to simply ignore emotions in order to increase logical thinking
- Think of it as a broken leg



The Invisible Epidemic: Post-Traumatic Stress Disorder,
Memory and the Brain, J. Douglas Bremner, M.D.

LONG-TERM REACTION: PHASE 2



- Requires an experience that causes a traumatic response
- Requires the distressing event persistently be re-experienced
 - Actual
 - Imagined (as a result of common triggers)



COMMON TRIGGERS



- Identification of the assailant
- Sensing something similar to an awareness during the trauma
- News of the actual or similar events
- Proximity to “life events”
- Hearings, trials, appeals, critical phases in the proceedings



RESPONSES TO TRIGGERS



- Symbols of the event revert survivors back to the response they exerted at the event
- Avoidance of stimuli associated with the event
- Avoidance of situations that cause recollection



- shame
- hypervigilance
- self-blame
- denial—minimization—avoidance
- high levels of anxiety
- depression/lethargy
- unable to concentrate
- unable to continue in school
- social withdrawal
- isolation (perceived and actual)
- disrupted sleep patterns
- loss of friends & support
- sexual dysfunction
- hyper-sexuality
- substance abuse
- restricted affect (reduced ability to express emotion)
- eating disorders
- unable to trust/commit partners, friends
- fear
- suicidal ideation
- codependency on abusive relationships

LONG-TERM EFFECTS OF CRIME & TRAUMA ON SURVIVORS



WHY DOES THIS MAKE SUPPORTERS' JOBS HARDER?

- Survivors often have an inability to recall important aspects of the event
- Common to forget certain aspects
- Unawareness of behaviors during and after the event
- Substance Abuse is a form of dissociation and avoidance
- Victims can't put the crime into a timeline





DISCUSS TRAUMA-RESPONSIVE
APPROACHES WHEN REPRESENTING
CLIENTS WITH TRAUMA HISTORIES.

SPEAKING TO SURVIVORS: PRACTICE TIPS

- Know how to empower in both the small and big ways (opportunities for choice)
- Validate
- Expectation Setting/Pacing techniques
- Grounding strategies
- Best time for interviews



SPEAKING TO SURVIVORS: PRACTICE TIPS

- Awareness of historical trauma, cultural norms, and expectations
 - eye contact, handshakes, touching, physical space
 - addressing survivors/perception of authority figures and systems
 - pre-conceived notions about lawyers
- Asking questions
 - Open-ended v. yes/no and one word
 - Give time to process, may be extended silence
 - Written v. face-to-face information gathering
 - Navigating sensitive subjects/re-traumatizing triggers
 - Use basic terms/ language, check in for understanding
 - Signals of “enough” (window of tolerance)



EMPATHY



QUESTIONS? FEEDBACK?



FOR FEEDBACK ON TODAY'S PRESENTATION, VISIT:

bit.ly/NVRDC-Feedback



QUESTIONS?



NVRDC:

- Visit nvrdc.org
- Call (202) 742-1727
- Email info@nvrdc.org
- Follow us on social media
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www.thepersoncenterdc.org



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