



Trauma Healing Project

The Trauma Healing Project: A Community Justice Model for Rebuilding Trust and Connection

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The Trauma Healing Project: Who We Are

- A community based effort led by survivors that includes activists, advocates, counselors, students, researchers, academics and social service providers
- We share the belief that if we are to reduce or eliminate abuse and violence we must provide enough support and attention for true healing from past trauma (including historical trauma and oppression)
- Our model includes community engagement, research, and direct services and support for survivors

Our Core Assumption

Within supportive communities and relationships people can and do completely recover and heal from even the most severe trauma.

Our Working Understanding of Trauma

“Trauma is a concrete physical, cognitive, affective, and spiritual response by individuals and communities to events and situations that are objectively traumatizing. On a simple level, for the most part, people feel traumatized or wounded because they *have been* wounded.”

~ *Bonnie Burstow*

Our Vision for Healing

Anyone in our community who has experienced violence or trauma will be supported to heal and recover through caring and support that is:

- culturally, developmentally, and gender appropriate;
- empowerment and strength-based; and
- respectful and effective.

We will not use psychiatric labels or diagnosis, nor will we support or promote the medicalization of people's experiences of or responses to trauma.

Incidence & Prevalence Rates

- One in 6 U.S. women and one in 33 U.S. men have been victims of completed or attempted rape (U.S. Dept. of Justice, 2001).
- At least 1.8 million U.S. women are *severely* assaulted during any 12 month period (Center for Disease Control, 2001).
- Women who experienced IPV averaged 8 physical assaults and 12 sexual assaults over a 5-year period (Oregon Women's Health & Safety Survey, 2004).

Incidence & Prevalence Rates

- In Oregon, in 1 of 3 intimate partner physical assaults and 1 of 5 sexual assaults, a child or children witnessed the event (Oregon Women's Health & Safety Survey, 2004).
- In the past 5 years, 26,910 Oregon children directly witnessed a physical assault and 1,178 witnessed a sexual assault against a mother or adult female caregiver (Oregon Women's Health & Safety Survey, 2004).

Our Challenges

- The connection between trauma and violence is rarely addressed yet the damage negatively impacts everyone
- Effective rituals and processes for healing from trauma have been lost and forgotten and many are dismissed or devalued
- The expert/subordinate paradigm is disempowering – the opposite of healing
- In the US the focus (including research, funding and services) is on behavioral and symptom management rather than on healing



Our Challenges

- The U.S. system is a for-profit medical model
- Pharmaceutical companies educate our physicians
- Most prescribers of psychiatric drugs are general practitioners, not psychiatrists

Our Challenges

- The rise in the use of psychiatric medications parallels a rise in the mortality rate (and a decrease in the life span) of people diagnosed with a serious mental 'illness' receiving services in our public mental health system.
- Label/provider driven – someone else decides
- Trauma is framed as what's wrong with the person (disorder) versus what happened (experience)

Consumer/Survivor Movement

For Example:

- Safe, Inc. (Peer run support organizations)
- LILA (Independent Living Centers)
- MindFreedom International
 - <http://www.mindfreedom.org/>

“Remember that survivors of trauma are the experts on their experience not the ‘system’ that purports to know more about a person than the person themselves.”

- Oregon Trauma Survivor (2007)

Community Engagement Model

LISTEN FIRST:

- Learning Circles
- Community Voices
- Provider Survey
- Survivor Survey and Needs Assessment
- Youth Partnership

Youth Partnership

Youth Service Design Committee

- Youth approached THP
- Consumers of community mental health agencies and programs
 - Willamette Family Treatment Center
 - LEAD
 - AMIGOS Multicultural Center
- Youth facilitated meetings and decision making

Youth Service Model

- Developed pilot design for services
 - Intake connection and assessment
 - Individual Counseling
 - “Rollies”
 - 24 Hour crisis support
 - Support Groups
 - Topic specific (DV, sexual abuse, D&A, etc)
 - Age groups: (12-15), (16-19), (20-24) years old
 - Male and Female

Youth Created Service Philosophy

- Available in English and Spanish.
- Friendly- not authoritarian or bossy.
- Be fun and caring- not clinical.
- Not use psychiatric labels or diagnosis.
- We want to pay attention to any kind of trauma that people have experienced.

Youth Created Service Agreements

- Give people options- not everyone has to do the same thing/group
- Maintain confidentiality.
- We did not want to limit youth and adults that we serve.
 - Victims of trauma may also be perpetrators
 - We will not turn away people using drugs and alcohol. They must be in treatment and not come to group while using.
- Participants in program will be asked to avoid relationships/sexual relationships.

Youth Driven Process

The process itself was healing

- Provided community engagement
- Youth were energetic and excited to come to meetings.
- Desire to be involved in other areas of THP.
 - Board of Directors
 - THP Committees
- Sense of loss when the design process was over.



The Provider Survey

- 17 items; 11 likert scale; 6 open-ended
 - To consider ones' own preparation – and the community's preparedness overall – to work with trauma healing, advocacy and prevention
 - Eugene-Springfield; Oregon, USA
 - Distributed via e-mail lists; Feb/March, 2006 (n=100)

The Provider Survey Findings

- 85% female; 15% male
- 78% white; 5% African-American; 5% Latino; 2% American/Alaskan; 2% Asian/Pacific Islander; 4% Mixed Race; 9% Other
- 60% therapist/counselor
- 13% victims/survivor services; 12% advocate/activist; 3% batterer intervention; 12% other

The Provider Survey Findings

- 54% Masters; 29% Bachelors; 8% Ph.d.; 4% AA; 1% MD; 1% HS; 3% other
- Career Length: 44% 12+; 16% 8-12; 17% 4-7; 21% 1-3 yrs.
- Direct Experience: 64% 200+ hours; 20% 101-199; 14% < 100 hours

The Provider Survey Findings

- *I think of myself as a survivor of interpersonal trauma (62%).*
- *I have experienced the symptoms of vicarious trauma in my work (82%).*

The Provider Survey Findings

- *“My formal university-based training prepared me to competently help survivors of trauma.”*
 - 60% D/SD; 6% SA
- *“Generally, I am confident in my ability to work with survivors of moderate to severe trauma.”*
 - 81% A/SA; 8% D/SD; 11% N

The Provider Survey Findings

- *“I am familiar with current best practices in working with trauma survivors.”*
 - 63% A/SA; 14% D/SD; 19% N
- *“I am familiar with innovative alternative practices in working with trauma survivors.”*
 - 56% A/SA; 29% D/SD; 13% N

The Provider Survey Findings

- *“I am confident in my skill in assessing for trauma.”*
 - 75% A/SA; 46% A; 14% N; 7% D/SD
- *“I am confident in my ability to work effectively with trauma when a traumatized child and his/her caregiver(s) are in the room.”*
 - 48% A/SA; 23% D/ SD; 23% N

The Provider Survey Findings

- *“The emotions I experience when working with trauma survivors are shared or discussed in supervision.”*
 - 56% A/SA; 14% D/ SD; 21% N
- *“Our community will benefit from a center devoted to trauma healing, advocacy, prevention of violence and trauma awareness.”*
 - 92% A/SA; 2% D/SD; 5% N
 - 85% (benefit my work)

The Survey and Community Forums: Opportunities for Deep Listening

Survey Purpose: To better understand the experiences, strengths, concerns and needs of survivors of trauma living in Lane County, Oregon.

Our Pledge to Respondents: We will use what we learn from this survey to guide the work of the Trauma Healing Project (THP), to educate caregivers and service providers, and to raise awareness in the larger community about what helps, what hurts, and about how to promote and support healing from trauma.

The Survey and Community Forums: Opportunities for Deep Listening

- Relationship building
- Incorporating the voices of survivors into our planning
- Collective learning
- Raising the status of survivors through their own voices – in the creating and in the participating

Survivor Survey

- Lane County, Oregon, USA
- Spanish and English
- Paper and online versions
- 44 closed-ended questions and 12 short answer/open-ended questions
- Option to be included in an individual interview or focus group
- Distributed via email list-serves and mental health organizations

Survivor Survey Demographics

- Phase One: April 6th-May 11th :
 - N = 82 (62 online, 20 paper)
- Online vs. Paper/Pencil
 - The majority of online respondents had some college, a college degree or above.
 - Paper/Pencil responders more likely to be using medication to manage symptoms
 - Paper/Pencil responders more likely to participate in counseling/therapy as adults
- 90% of respondents described themselves as white females. The mean age = 42 yrs old

What Happened

- 72% of respondents first victimized prior to age 6 experienced sexual abuse
- 94% of respondents victimized before age 6 are still witnessing and/or experiencing abuse and/or violence
- 90% of respondents who experienced childhood trauma experienced violence in their adulthood as well

What Happened

- Sexual abuse was the most commonly reported trauma in childhood (72%)
- Emotional abuse was the most commonly reported trauma in adulthood
- A majority of the respondents indicated that a family member or close friend was most helpful at the time of abuse (51%)
- A majority of the respondents said they relied on their own “choices, strengths or skills” to survive the abuse (72%)

What Hurt

- Community/providers unwilling to acknowledge, believe or recognize abuse
- Isolation/Lack of a support network
- Counselor reactions
- Forced psychiatric treatments/medications
- Pity

What Hurt

- Lack of privacy/confidentiality
- Being blamed for abuse or labeled
- Lack of understanding about trauma (community and providers)
- Being forced to reveal trauma history or being rushed through the process

In Our Own Words: What Hurt

“Counselors who have not done their own work.”

“Doctors who don’t talk to me in depth but just prescribe medication with only [a] 5 minute discussion.”

“Silence. Blaming. Questioning.”

“Being patronized to or defined as mentally ill.”

“I feel isolated and undermined because I think people project pity or assume I am broken because of my past.”

“Reactions of shock and disgust when I have shared my experiences.”

“People fascinated by trauma but not helpful.”

~ Oregon Survivors of Trauma 2007

What Helped: Childhood Abuse

- Knowing someone going through a similar situation
- Talking about the abuse
- Being believed/validated
- Having someone in their life who noticed the abuse and did something to stop it (mainly a family member)
- Being smart/evading or escaping abuse
- Involvement in extra curricular activities (sports, theater, writing)

What Helped: Abuse in Adulthood

- Counseling/therapy
- Support groups (AA, NA, DV)
- Domestic Violence shelters/programs
- Being believed/validated
- Having someone to talk to about the abuse
- Low cost/free services
- Body work (meditation, yoga, exercise)
- Other activities (volunteering, writing, arts)

In Our Own Words: Recommendations

“Start with the assumption that all human beings are intact and deserving of respect.”

“Deal with your issues on YOUR time. If you are talking more than the patient you may want to think about whose issues are being dealt with.... and don't hand out stupid advise... ‘go hug a teddy bear’???? Give me a break.”

In Our Own Words: Recommendations

“Learn about trauma. Learn traditional and well-established ways to help people heal from trauma and provide direct support to friends and family of survivors instead of having people be dependent on them or on medication.”

“The most powerful thing you can do is listen. No interruptions. No sounds. Just listen. That implies that the survivor has all the power back in their court and can do with it what they choose.”

“Being a person is more important than being a professional. Be willing to be surprised.”

Creating a Healing Environment

- Caregivers Actively Engage in & Tend to Their Own Healing
- Comfort With and Expertise in Expressive Processing
- Awareness and Addressing of Context of Trauma (Historical/Collective Individual/Oppression)
- Relationship and Attachment Based Models

Creating a Healing Environment

- Openly Acknowledged Awareness of Power Differences
- Conflicts expected, acknowledged and addressed (nothing off limits)
- Change and Learning is Accepted and Facilitated
- Survivors as Leaders and Partners – Democratic

Contact Us

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