

Coalition Chronicles



A newsletter of the
Wisconsin Coalition Against Domestic Violence
Volume 31 Issue 2

Paving the Way for Trauma- Informed Practice in the Domestic and Sexual Violence Movement

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Colleen Cox, CJ Doxtater, Mary Jo Elert and Diane
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From the Director

By Patti Seger

In the domestic and sexual violence movements, we have always framed our responses to

victims by asking, "What happened to you?" rather than blaming them for the violence that brings them to our doors. So, trauma-informed practice is an easy fit for our existing work and provides an excellent opportunity for us to expand our understanding of what happens to victims when trauma occurs. In our work as advocates, we have often focused on the immediacy of the events that happened in the most recent victimization. Trauma-informed practice helps us to understand that trauma impacts can exist within us for many years, they can be stirred up, and can spill out when triggered by other events that remind them of a past trauma they have experiences. We haven't always understood this phenomenon and it has sometimes led us to wonder if the person has "other issues", code language for mental illness, psychiatric disabilities or alcohol/drug dependencies.

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From the Director continued...

The benefit of learning trauma-informed practice is that it starts with our already existing advocacy practices of trying to understand what happened, but asks us to dig deeper, learning and understanding more about the person as a whole being. Individuals experience a wide range of lifetime trauma, beginning in childhood and through the entirety of the life span. People of color experience historical and current day trauma related to racism, including post-slavery impacts for African Americans, the ongoing effects of colonization for Native Americans, and trauma related to immigrant and refugee experiences. When we add domestic, sexual and other violence into the mix, it takes time to peel back the layers and understand fully the trauma any specific individual has experienced. When we take the time and work to truly understand what happened, recently and historically, to each individual who comes to our door for support and help, we know the healing can truly begin.

WCADV has been exploring and learning about trauma informed practices for a number of years through our collaborative partnership with Disability Rights Wisconsin (DRW) and the Wisconsin Coalition Against Sexual Assault. We are excited to have developed a new partnership with the National Center for Domestic Violence, Trauma and Mental Health which will guide our work as we engage local services providers in the development of trauma informed practices over the next 5 years. It's like rediscovering our roots, only better.

In peace,



Transforming Our Work

By Colleen Cox

Wisconsin Coalition Against Domestic Violence

Nearly 100 local advocates and directors of Wisconsin domestic violence and sexual assault programs participated in WCADV's *Transforming Our Work: Domestic Violence and Trauma Informed Care* conference on August 28 & 29, 2012.

This event offered a rare opportunity to bring together state and national leaders with expertise in trauma-informed practices, domestic violence, disabilities and mental health. In recent years, domestic and sexual violence programs have become increasingly aware that becoming trauma informed requires a shift in perspective that is part of each relationship and every interaction. For most victims and survivors, "intimate partner violence occurs in the context of other lifetime trauma¹". Those who help victims and survivors repeatedly experience trauma vicariously and sometimes have their own trauma histories. A parallel experience is shared by directors of programs who must respond to the needs of staff. This paradigm shift to Trauma Informed Care is just as important for the health of programs as it is for the recovery of survivors.



Dr Terri Pease

Wisconsin has been at the forefront of this work for several years, yet it was not until 2012 that circumstances were right for this conference to take place. WCADV became one of a handful of coalitions selected to receive ongoing technical assistance from the National Center on Domestic Violence, Trauma & Mental Health (National Center); and by this time key collaborative projects were well-established, including

- **Wisconsin's Violence Against Women with Disabilities and Deaf Women Project**, a project of Disability Rights Wisconsin (DRW), WCADV, and Wisconsin Coalition Against Sexual Assault (WCASA)
- **Shift Your Perspective** Educational Campaign a project of the Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services, coordinated by Elizabeth Hudson.



Elizabeth Hudson

¹ Warshaw, C., Brashler, P., and Gill, J. (2009). Mental health consequences of intimate partner violence. In C. Mitchell and D. Anglin (Eds.), *Intimate partner violence: A health based perspective*. New York: Oxford University Press.

On the first day of the conference, **Eloise Anderson**, Secretary of the Department of Children and Families, delivered opening remarks. Featured presenter **Dr Terri Pease** of the National Center on Domestic Violence, Trauma & Mental Health provided a foundation for understanding trauma informed practices. **Elizabeth Hudson**, UW-School of Medicine and Public Health Trauma Services Coordinator, provided an update on the Wisconsin Trauma Informed Care Initiative.



Eloise Anderson

The second day focused on how participants might infuse trauma informed practices in their day-to-day work. Speakers included: **Cherie Griffin**, Executive Director, Women’s Resource Center; **Kristin Burki**, Director of Services, DAIS **Amy Judy**, Violence Against Women with Disabilities Project Coordinator, Disability Rights Wisconsin; **Rhonda King**, Advocate, Women’s Resource Center; **Joann Stephens**, Director, Stable Life, Inc; and **Mark Sweet**, Trainer and Program Consultant, Disability Rights Wisconsin.

Transforming Our Work: Domestic Violence and Trauma Informed Care provided a jumping off point for an ongoing process. WCADV is at the beginning stages of its project with the National Center, and looks forward to rich learning experience that will benefit local Wisconsin programs.

Many of the ideas presented at this training can be accessed via archived webinars at the National Center website. (See links and a selection of webinar titles below.) Numerous valuable tip sheets and articles are available for download at the site as well. A list of additional resources appears on page 13 this issue.

National Center: <http://www.nationalcenterdvtraumamh.org/>

National Center Webinars: <http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/>

Webinar titles:

- Understanding Trauma & Mental Health in the Context of Domestic Violence: An Integrated Framework for Healing and Social Change
- Developing Trauma-Informed Practices and Environments: First Steps for Programs
- Developing Trauma-Informed Practices and Environments: Part II
- Trauma-Informed Reflective Practice
- Helping Children and Teens Cope with the Effects of Domestic Violence: Fostering Healing and Resilience
- Webinar: Offering Trauma-Informed Support Groups for Survivors Impacted by Substance Abuse
- In Harm’s Way: Substance Use and Safety Issues in the Context of Violence Against Women

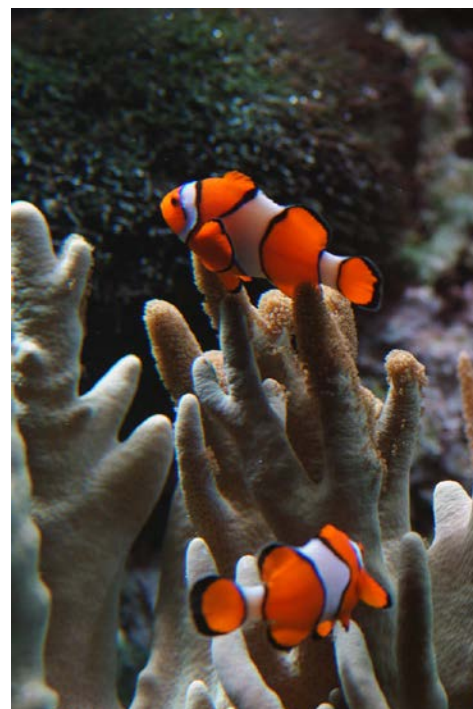


An Organization's Journey Toward Trauma Informed Care

By Cherie A. Griffin

Women's Resource Center

It all started with the simple dream of a fish tank at the shelter. I was reading the book, "A Long Journey Home, A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness." A suggestion in this guide regarding physical environment improvements was a fish tank. It was that simple. I was sold. And in that moment, without knowing it, we began the journey. I found myself intrigued at the ideas presented in the guide and the other ideas that would float into my consciousness when I was doing other things like, well washing dishes at home. I found myself consumed with the idea that there was so much more that needed to be done to turn our program spaces into healing environments and transform our services into genuine human contact that creates the healing within relationship; one of the basics of trauma informed services.



At the very same time as my mind was reeling with these energizing thoughts, I was coming into learning contacts with Ellen Pence. Her conversations with us as directors were challenging my professional comfort zone. She was calling us to a return to our grass roots. Ellen was reminding us of the very same trauma informed basic: healing happens within relationship. It is when we shed our professional coats and open our hearts to genuine human contact that we open up to the relationship that welcomes healing. When we commit to shared power and service the entire environment becomes healing-for every member-staff and clients alike. The place becomes a place of empowerment and nurturing. We are permitted to explore how to open our hearts and minds yet wider-how to use precious moments to connect and in that connection celebrate human dignity.

Oh, yes, the safety and self-sufficiency work continues. The grant requirements remain. The daily battle to secure sufficient funds is still present. The other systems continue to spin around us in their non-trauma sensitive way. But somehow there is a stillness within our walls-a sanctuary has been built .

I do know our success has hinged on the emphatic first days of my entry into the literature and

training of serving every victim in the manner that best fits for them. Without invested leadership, a commitment on every organization level and training for every staff, trauma informed services simply don't work. I am thankful that the WRC board, volunteer, intern and staff members trust each other. With that trust, and a belief in the innate, genuine desire of each of us to do our best work, we opened our minds to be further challenged and grow together. Trauma informed has been an embraced philosophy. This is clearly the first and most important ingredient in success on the journey.

We have stumbled, tripped and sometimes fallen. But within those failings, we have regained our commitment to the place we are headed.

In retrospect, I can see clearly how we made the first steps on this journey toward trauma informed care. I can see those first steps vividly in my mind as a desire to walk a path together, although none of us had the map to the end of the trail. Funny thing is that four years later, we still do not have a well drawn map, simply an awareness that we are traveling together. As the leader of the "hiking pack" my role was to pick the trail-the journey has only succeeded because each member has agreed to forge ahead at various times and we have each been open to the member who says, "Hold on, it is time to rest." We have been gentle with each other, knowing that sometimes members need extra rest and that sometimes our energy will peak together-driving us quickly down the path for a period of time. This again points to the importance of member trust and embraced philosophy.

We have stumbled, tripped and sometimes fallen. But within those failings, we have regained our commitment to the place we are headed. We have had full fledged disagreements about whether a practice method will be successful or cause chaos. We have doubted our abilities and sometimes doubted having even started the trip. But, I guess that has also been bolstering for us-because in those times we need to regroup, making another investment in the process.

So how does one start this journey? Well, it may be with the simple hope for a fish tank! Regardless of what motivates us, it is simply a commitment to try the first steps of the path. I cannot tell you where we will end or how we will know when we have gotten there-we just know that every bend, every incline, every valley brings us to a deeper appreciation for the journey we have entered and the visions that surround us.



Following are two summaries of two publications developed by the Violence Against Women with Disabilities & Deaf Women Project of Wisconsin. This project involves three statewide organizations: Disability Rights Wisconsin (DRW), Wisconsin Coalition Against Domestic Violence (WCADV) and Wisconsin Coalition Against Sexual Assault (WCASA) and is funded through the Office on Violence Against Women, U.S. Department of Justice. We want to provide readers with an understanding of these guides, and the practical support they provide in developing trauma informed practices in our work.

Wisconsin's Violence Against Women with Disabilities Project

A Practical Guide *For Creating Trauma-informed* Disability, Domestic Violence and Sexual Assault Organizations

Summary Provided by C.J. Doxtater
Wisconsin Coalition Against Domestic Violence

This guide is designed to highlight and explore effective trauma-informed conditions or core values that victims, survivors and people with disabilities are finding essential for safety and healing. This document is a guide not a manual. It is designed to lead readers on a journey of exploration into the context of these conditions to promote dialogue and understanding, and spur implantation of strategies for domestic violence, sexual assault and disability organizations to become more trauma-informed.

Domestic violence programming is predicated upon the concept of safety for survivors of violence. This guide takes this concept further and using the trauma-informed frame, works to understand the trauma experienced by the survivor of violence to create a unified response that encompasses a “do no harm” and a healing approach that is reflected at every level of service within the domestic violence program. In addition, a trauma-informed perspective focuses the understanding and definition of safety from the survivor’s point of view, so that how we think about safety will change with every person, every interaction and in every situation we encounter.

Beginning with a “core” understanding of trauma which defines and refines the meaning and cause of the traumas experienced by survivors, the guide utilizes the Wisconsin Adverse Childhood Experiences Study (ACES) and national research to show the impact and long-term effects of complex or psychological trauma especially upon the Wisconsin population. The survival responses associated with complex trauma are examined, including hyper vigilance, numbing and heightened emotional states. These survival responses often become “normalized” for the person experiencing complex trauma and can often be viewed as difficult or challenging behavior by advocates and service providers who may find it difficult to provide help to a survivor whose appearance may range from disinterested and lacking boundaries to avoidance and substance abuse; in other terms, they are “bad victims” who exhibit non-compliant behavior.

Given the seriousness and prevalence of domestic violence combined with limited resources and staff, it may appear that a dismissive response and/or over-reliance upon policy are acceptable, yet regrettable solutions. However, our responsibility in a trauma-informed organization is to notice our own personal judgments, disrespect and maybe our own misuse of power and control with someone who is coping with trauma in the best way they can at the time. This introspective method can free the advocate from expectations and allow them to “see through the eyes” of the trauma survivor so that they may enhance their ability to respond in challenging situations.

We can clarify the core values or considerations that embody trauma informed organizations by examining four (4) conditions:

- 1) **Understanding trauma first:** This is the foundation of a trauma-informed organization, and everyone—including board members, advocates, and administrative staff—understands the pervasiveness and commonality of trauma experiences and how this shared experience can inform policy, procedure, rules, responsibilities and the overall organizational culture. Everyone in the organization understands that we are all self-aware as we interact with a victim/survivor, in all circumstances.
- 2) **Safety and Autonomy:** For a trauma-informed organization, safety is defined from the trauma survivor’s point of view. While it may seem obvious what autonomy means, in actual practice it becomes more complicated. When people seeking support are from different generations, ethnicities, and cultures and have different abilities, it is not always clear what will be experienced as promoting autonomy. Autonomy and safety are linked in the context of a person’s rights and freedoms. This extends to boundaries regarding confidentiality and the survivor’s right to choose options, and includes the survivor’s perspective of your organizational culture.
- 3) **Safety and hospitality:** Hospitality literally means to equalize power between people, especially in the context of someone who is not known to the one inviting, or hosting. Inclusive also carries this idea, as in welcoming and being thoughtful to those who are usually not served. Inviting someone who has been previously excluded or screened out carries with it the responsibility to check the balance of power between the one served and the one serving, or between the one hosted and the one hosting. The goal is that the person who is invited to come in feels welcome and at home, i.e. safe.
- 4) **Safety and accessibility:** By accessibility, we mean access in the broadest sense from the Americans With Disabilities Act and amendments, section 504 of the Rehabilitation Act of 1973 and state-level access requirements, to policy and procedure, to the daily challenge as an advocate and provider to remain accessible – open and trauma aware – during all interactions, especially ongoing relationships with organization participants.

In a trauma-informed organization, the aforementioned core values are infused at every level of service, resulting in a significant transformation in an individual’s experience, from their initial interactions to ongoing supportive work. Many times, change of this magnitude involves a lot of training for direct service staff and also must include supervisors. In their leadership roles, supervisors are able to supportively challenge,

encourage relationship building and work with staff to grow away from an often more familiar hierarchical system. A few tips to consider:

- Train all staff and volunteers in trauma and what it means to be trauma-informed.
- Continually refine practice through regularly scheduled supervision discussions.
- Encourage mentoring and working together to reinforce learning.
- Understand that staff and volunteers can be reminded of past traumas while going about their daily work. Offer supports such as sufficient time off and periods of rest. Being reminded of trauma (triggered) is not a weakness. It is a response that needs support and compassion from all levels of the organization in order to accomplish the work of providing services. Have a “how may I assist you in your work” approach to workers who may be experiencing retraumatization.
- Utilize “person-first” language in speaking of people whether they are in your presence or not.

Incorporating trauma-informed safeguards can assist in unintentional revictimization of those seeking service. Let’s consider some everyday safeguards in our interactions among staff, volunteers, advocates and program participants. It may be helpful to:

- Be engaging but not overly “gabby”. Pause long enough for the other person to form a response. This pause could be longer than you may normally be comfortable with. It’s always o.k. to check in and see if the other person needs more time.
- Avoid asking too many questions in a row.
- Offer frequent breaks or address the “hard stuff” in smaller sessions, and include non-threatening activities such as a coffee or a snack break.

When offering support/services to uphold programmatic goals, you may try:

- Providing as much choice as possible and creating these choices based on what she states is helpful.
- Ensuring that choices are voluntary and being sensitive to language that may be coercive and imply your opinions of the choices.
- Helping her to mentor you as you grow in your knowledge and skills in working with her. Allow the learning process to be reciprocal, authentic and dynamic.

Trauma-informed considerations and core values are about stripping away the differences and recognizing the humanness of all of our connections.

Regardless of the path that leads someone to a helping organization (domestic violence, sexual assault or disability), a trauma-informed approach should await them—an authentic place of safety, recovery and hope.

<http://www.disabilityrightswi.org/wp-content/uploads/2012/05/Trauma-Informed-Guide.pdf>



Creating Safety

By Asking What Makes People Vulnerable?

Summary provided by C.J. Doxtater
Wisconsin Coalition Against Domestic Violence



The development of *Creating Safety by Asking What Makes Vulnerable?* is a ground breaking culmination of open thought, keen observation and practical understanding of how many, if not most, people with disabilities experience human interactions and relationships designed to provide them support. For domestic and sexual violence advocates, human services workers, social workers or counselors, and even family members, the ideas broached and questions raised throughout this piece are important considerations for any of us who work with, support, advocate or love someone with a disability.

Throughout our lifespan we develop skills to assert what we want or don't want in any given interaction, what this guide's author calls, "wanting energy". Through communicating our "wanting energy" we assert ourselves and our choices. We begin to navigate our daily interactions with family, co-workers, neighbors, friends and community members at large.

Individuals who lack opportunities to develop, utilize and assert what they want and do not want, experience less control to navigate their own paths within daily interactions. Instead, they are directed to follow someone else's path or assertions. Many people with disabilities—especially individuals who have intellectual or cognitive disabilities—are expected to follow the paths of those who are "in charge". It is expected if not demanded that the person with the disability, or having experienced trauma, comply with someone else's wants, needs or demands.

As Author Mark Sweet highlights in this guide, this "culture of compliance" that surrounds people with disabilities and those who support them is so ingrained that we fail to grasp the detrimental and sometimes dangerous effects this "culture of compliance" have wrought on the very people we support and love. The danger of this "culture of compliance" is that it gives license to anyone "in charge" to misuse, exploit or abuse those who are expected (and have been trained throughout their lives) to comply—people with disabilities.

Through exploring linkages among assertiveness, vulnerability, compliance models and imbalances of power in caregiving relationships, we begin to glimpse the often hidden reality of how these linkages make some individuals more vulnerable to abuse. Whether a paid caregiver, support worker, family member, or a domestic violence or sexual assault advocate, each of us, individually and as part of a larger service organization, has a stake in creating safety for and with people with disabilities.

By considering the discussion and questions posed throughout this guide, we can and must become aware of and respond differently to our new understanding of what makes people vulnerable. This resource is designed to guide us through this journey, so that the vulnerability inherent in the “culture of compliance” that we inadvertently maintain is replaced with creating and fostering safety in its most basic and impactful form for people with disabilities—through a “culture of assertiveness”. It’s time.

This guide, while focused upon people with disabilities, offers a trauma-informed re-frame for service providers, family members and advocates that allows more context, a more effective method to understand and respond from the survivor’s *point of view* (POV). The process includes an element of introspection for the advocate and an examination of concepts such as compliance, choices and power and control in support relationships. In addition, under the suggestion, “LINGER with this thought”, are some excellent and though provoking ideas such as:

- When we draw conclusions based solely upon our own point of view, we are missing significant parts of her story
- When our intention is to be in control, we have established a contest. One person wins and by definition the other loses. People feel that dynamic in relationships.
- Two of the most compelling myths that support the culture of compliance are that if we can just achieve compliance that she will be safe and healthy. Neither is true.
- Informed interactions are about noticing how much control we take in everyday interactions; the forcefulness of our actions.

These “lingering thoughts” are integrated into the body of the guide and are followed up with suggested responses to help the caregiver/advocate develop a personal response which encourages the victim/survivor’s growth and safety. This approach is the basis for many strength based advocacy trainings and complements them very well. Many of us in the field of Domestic Violence are mission driven and our desire to aid those at risk is great. This guide offers us a contextual method to build upon the power of those in need and avoid the danger of using our power in an unintentionally negative manner. It provides the opportunities to grow through working together, building stronger and healthier relationships.

The full document is available at the Disability Rights of <http://www.wcadv.org/creating-safety-asking-what-makes-people-vulnerable> or a hard copy is available from Disability Rights of Wisconsin for free. Just go to the website <http://www.disabilityrightswi.org/> and make the request. If you have any questions contact C.J. Doxtater at cjdoxtater@wcadv.org or Diane Wolff at dianew@wcadv.org



Historical Trauma and Microaggressions: A Framework for Culturally-Based Practice

This is an excerpt from [Children's Mental Health eReview](#).

Research Summary

Cari Michaels, MPH

Center for Excellence in Children's Mental Health



Introduction

An estimated 4.9 million individuals in the United States are classified as American Indian and Alaska Native (AIAN) alone or AIAN in combination with one or more other races.¹ About thirty percent of AIANs are children, a higher percentage than other ethnic groups. Similar to many states, AIAN children in Minnesota are overrepresented in the child welfare system, comprising 1.8% of the child population and 13% of children in foster care.² In 2008, 1,798 American Indian children were in out-of-home care in Minnesota (unduplicated count).³ During this time American Indian children were twelve times more likely than a White child to be placed out of home. To understand the health and experiences of AIAN people in general, and AIAN children within the child welfare system in particular, it is critical to understand historical trauma and its effect on populations of people over generations of time. "Historic and current traumatic assaults have enduring consequences – environmentally, socially, culturally, emotionally, biologically, psychologically and, above all, spiritually for both indigenous peoples and their perpetrators"⁴.

Children of survivors can experience symptoms similar to their parents despite the fact that they were not directly exposed to the trauma. Examples of historical trauma include planned violence or segregation (genocide, massacres, imprisonment), prevention of cultural or spiritual practices (forced conversion designed to deculturate and assimilate an entire group of people), and environmental decisions (radioactive dumping in specific geographic areas that affect specific groups of people).

There have been numerous studies of the intergenerational transmission of trauma. The phenomenon was first observed in 1966 by clinicians "who were alarmed by and concerned about the number of children of survivors of the Nazi Holocaust seeking treatment in Canada".^{6,26} Some research has shown that children of Holocaust survivors may experience a stress vulnerability that is greater than their peers.^{7,8,9} Children of survivors may not exhibit clinical symptoms as a result of their parent's trauma, but they may experience greater trauma when faced with a new stressor. Nagata^{10,11,12} has extensively explored the experiences of the descendants of Japanese Americans interned in camps during World War II. Findings suggest that historical trauma associated with internment may account for differences in confidence, self-esteem, assertiveness, shame, and family communication. Nagata explains how those interned at very young ages, though too young to remember many of the camp events, "nevertheless carry the burden of this past and may explore its psychological significance only after entering therapy in

Historical Trauma and Microaggression

Historical trauma is defined by Brave Heart as "a constellation of characteristics associated with massive cumulative group trauma across generations".⁵ Historical trauma differs from other types of trauma in that the traumatic event is shared by a collective group of people who experience the consequences of the event, as well as the fact that the impact of the trauma is held personally and can be transmitted over generations.

adult life”¹². Studies of events that lead to historical trauma among AIAN communities have revealed three distinguishing characteristics —

- The *traumatic events are widespread* and many people either experienced or were affected by the events;
- The events generate *high levels of collective distress and mourning* in contemporary communities;
- The events are usually *perpetrated by outsiders* with purposeful and often destructive intent.¹³

In addition to historical trauma, AIAN children are also exposed to overt and covert *contemporary violence* in their everyday lives. The increased risk of overt contemporary violence for AIAN women is reflected in national sexual assault data. AIAN women experience much higher levels of sexual violence than other women in the United States.¹⁴ A Department of Justice report estimates that one in three AIAN women will be raped during their lifetime¹⁵, a statistic that does not account for the fact that many women never report rape and are not represented in national data. Sexual violence against AIAN women also tends to be more physically brutal than sexual violence in other cultural groups.¹⁶ In approximately 86% of cases of reported rape or sexual assault against Native women, victims report that the perpetrators are non-Native men.¹⁴ This is in sharp contrast to other ethnic groups, where sexual assault is usually committed within an individual’s own cultural group.

Another form of contemporary violence experienced by AIANs is *microaggression*. Unlike historical trauma, microaggressions are current events, and are often covert in nature. They are defined as “events involving discrimination, racism, and daily hassles that are targeted at individuals from diverse racial and ethnic groups”.¹³

Microaggressions are chronic and can occur on a daily basis. A group of people (AIANs, for example) may be susceptible to both historical trauma and the microaggressive acts can perpetuate the trauma.

Wing Sue and his colleagues identify three types of microaggressions¹⁷ —

1. A *microinsult* is characterized by communications that convey rudeness and insensitivity and demean a person’s racial heritage or identity (for example, eye rolling during a discussion about an individual’s racial identity).
2. *Microinvalidations* are communications that exclude, negate or nullify the psychological thoughts, feelings, or experiential reality of a person of color. An example is a white person stating to a person of color that they “don’t see color”, which denies that person’s racial and ethnic experiences. Another example is a non-Native person asking someone of AIAN culture whether or not he or she is a “real Indian”. This demands an explanation that few others are required to deliver.
3. A *microassault* is an explicit racial derogation characterized primarily by a verbal or nonverbal attack meant to hurt the intended victim. This can happen through name-calling, avoidant behavior, or purposeful discriminatory actions. Microassaults against AIAN people also appear in the form of advertisements that depict white models in Native clothing, associations between AIAN people and aggressive sports teams, and messages that connect AIAN people with alcohol use. Microassaults are typically more conscious and deliberate than other forms of microaggression.

Microaggressive acts may be clear and recognizable, but they are more often subtle and hard to define, articulate, and address. In fact, “the power of racial microaggressions lies in their invisibility to the perpetrator and, oftentimes, the recipient”.¹⁷ The burden of interpreting and responding to a microaggressive act falls on the individual. The victim must determine whether the incident was intentional or perhaps reflects misunderstanding or ignorance, and then make a decision about whether or not to address it. Bringing attention to the incident may promote a further negative response, such as anger, denial, and accusations. Microaggressive acts need not be specific or verbal but can refer to environments that are either intentionally or unintentionally unsupportive to a person because of his or her racial identity. Wing Sue gives the example of a college or university with buildings that are all named after white heterosexual upper class males. The message is “You don’t belong here, you won’t succeed here, there is only so far you can go”.

Microaggressions affect the psyche of the individual victim and the group to which he or she belongs. They also deliver persistent, inaccurate messages about a group of people and, as a result, obscure the true cultural nature of the group and replace it with a stereotype. "While each event might be tolerated in isolation, the overall cumulative effect of microaggressions can be devastating..."¹⁸ Microaggressions are significant because research suggests that daily discrimination can result in more distress and stronger negative health outcomes than time-limited episodic discrimination.¹⁹



For the complete article visit:
<http://www.cmh.umn.edu/ereview/Oct10.html>



RESOURCES: TRAUMA AND TRAUMA-INFORMED CARE

Title: **A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness**

Description: A detailed guide to creating a trauma-informed shelter

Website: <http://homeless.samhsa.gov/ResourceFiles/a4ik4an3.pdf>

Title: **Adverse Childhood Experiences**

Description: ACE Study information site

Website: www.acestudy.org/

Title: **After the Injury**

Description: Website/resource to raise awareness of PTSD in children following an injury

Website: www.aftertheinjury.org/

Resources continued

Title: **Brain Development Harmed in Mistreated Kids**

Description: Article: A study showing that the stress of child abuse appears to shrink a key region of the brain that regulates emotion, memory, and learning.

Website: children.webmd.com/news/20120213/brain-development-harmed-in-mistreated-kids

Title: **David Baldwin's Trauma Information Pages**

Description: Briefly summarizes traumatic symptoms and responses and includes links describing PTSD symptoms and coping strategies

Website: www.trauma-pages.com/trauma.php

Title: **Disability Rights Wisconsin**

Description: Nonprofit statewide organization that helps people gain access to services and opportunity through its advocacy and legal expertise. Disability Rights Wisconsin (DRW) challenges systems and society to create positive change and improve the lives of people with disabilities and supports the right of each person to live in dignity, to work and to attend school in the mainstream of society. DRW also works on disability issues with state and local governments. **Many excellent resources can be downloaded from their website, including CREATING SAFETY by Asking What Makes People Vulnerable? and A Practical Guide for Creating Trauma-Informed Disability, Domestic Violence and Sexual Assault Organizations.*

Website: www.disabilityrightswi.org/

Title: **Headington Institute: Understanding and Addressing Vicarious Trauma**

Description: Web-based self-study guide about vicarious trauma. (Online resource provided by the Headington Institute, an organization that provides psychological and spiritual support to humanitarian aid and disaster relief personnel worldwide).

Website: www.headington-institute.org/Default.aspx?tabid=2651

Title: **Helping Young Children and Families Cope with Trauma**

Description: A brief guide to supporting traumatized children and adults

Website: www.nctsn.org/nctsn_assets/pdfs/Helping_Young_Children_and_Families_Cope_with_Trauma.pdf

Resources continued

Title: **How Repeated Stress Impairs Memory**

Description: Article in Science Daily

Website:

www.sciencedaily.com/releases/2012/03/120307132202.htm?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+sciencedaily%2Fmind_brain%2Fptsd+%28ScienceDaily%3A+Mind+%26+Brain+News+---+PTSD%29

Title: **National Center on Domestic Violence, Trauma and Mental Health**

Description: Organization that offers training, consultation, and resources on: raising public awareness about the intersection of domestic violence, trauma, substance abuse, and mental health; building the capacities of systems and agencies to address the traumatic effects of abuse and to facilitate healing, recovery, justice, and safety; developing and promoting policies that improve collaboration and system responses to survivors and their children experiencing the impact of domestic violence and other lifetime trauma; and analyzing and promoting research that advances knowledge and builds the evidence base for responding to trauma in the lives of domestic violence survivors and their children. ** Many excellent webinars and other resources can be accessed at their website. See page 4 for a list of webinars.*

Website: www.nationalcenterdvtraumamh.org/

Title: **Ohio Domestic Violence Network: “Trauma-Informed Care: Best Practices and Protocols for Ohio’s Domestic Violence Programs”**

Description: An excellent resource for understanding trauma, responding to trauma survivors and creating trauma-informed services, written specifically for domestic violence programs

Website: www.odvn.org/images/stories/FinalTICManual.pdf

Title: **Pet Therapy: How Animals and Humans Heal Each Other**

Description: Archived public radio story

Website: www.npr.org/blogs/health/2012/03/09/146583986/pet-therapy-how-animals-and-humans-heal-each-other

Title: **Safe Start Center**

Description: Tip sheets, tools and resources

Website: www.safestartcenter.org/

Resources continued

Title: **Stress Changes How People Make Decisions**

Description: Article in Science Daily

Website: www.sciencedaily.com/releases/2012/02/120228114308.htm

Title: **Substance Abuse and Mental Health Services Administration (SAMHSA)**

Description: You can do a search for Trauma Informed Care and easily access many relevant websites, publications and other resources.

Website: www.samhsa.gov/

Title: **The Needs of Children in Domestic Violence Shelters: toolkit**

Description: Information on the impact of trauma on children and on parenting

Website: www.ccfhnc.org/images/ccfh10_5web.pdf

Title: **The Sidran Institute**

Description: The Sidran Institute provides useful, practical information for child and adult survivors of any type of trauma, for families/friends, and for the clinical and frontline service providers who assist in their recovery

Website: www.sidran.org/index.cfm

Title: **Vicarious Trauma Institute**

Description: Provides books, training services (standard and customized), online resources, and other products for helping professionals.

Website: www.vicarioustrauma.com/whatis.html

Title: **Wisconsin State Trauma-Informed Care (TIC) Educational and Media Campaign of the WI Department of Health Services, Coordinator Elizabeth Hudson**

Description: Department of Health Services "Shift Your Perspective" campaign website, with links to resources, publications and media campaign literature

Website: www.dhs.wisconsin.gov/mh_bcmh/tic/index.htm



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www.wcadv.org

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