

# Becoming a Trauma-Informed Agency



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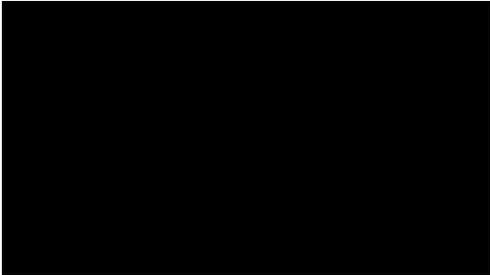
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Things to think about:



1. What does being “trauma-informed” mean to you?
2. What is different about a trauma-informed approach?
3. Why is becoming trauma-informed important?
4. What is a next step I could take to become more trauma-informed?

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What does being trauma-informed mean to you?

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*Trauma-informed care shifts the philosophical approach from*

***“What’s wrong with you?”***

*to*

***“What happened to you?”***

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What is different about being trauma-informed?

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**How we are**  
is as important as  
**what we do**

National Center on Domestic Violence,  
Trauma, and Mental Health

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**A trauma-informed approach shifts:**

How we understand trauma

How we understand survivors

How we understand services

How we understand the service relationship

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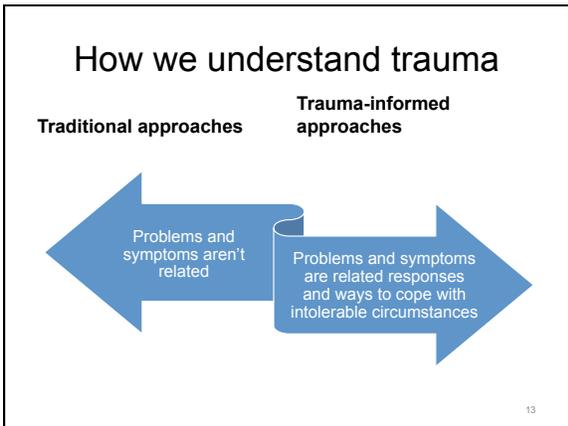
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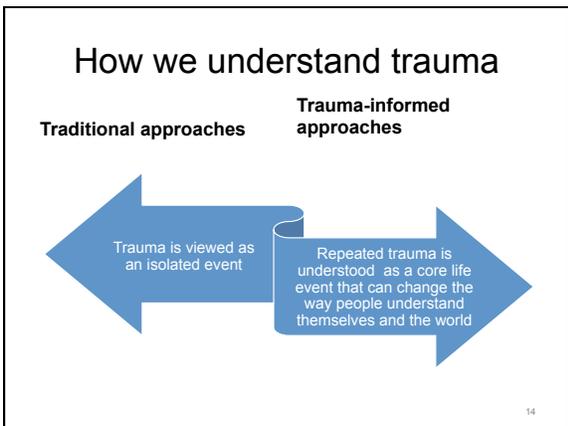
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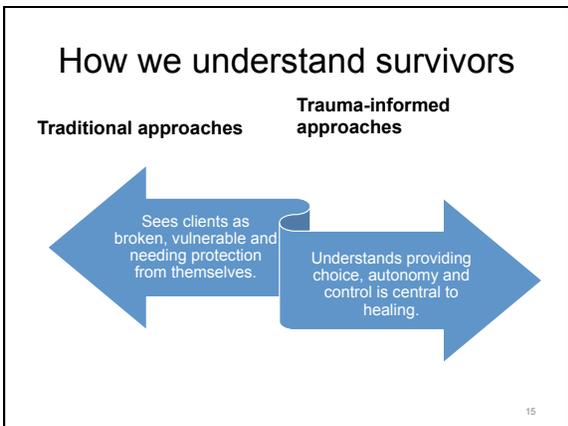
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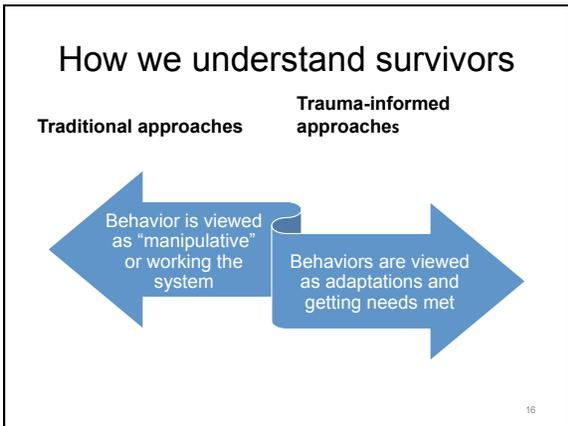
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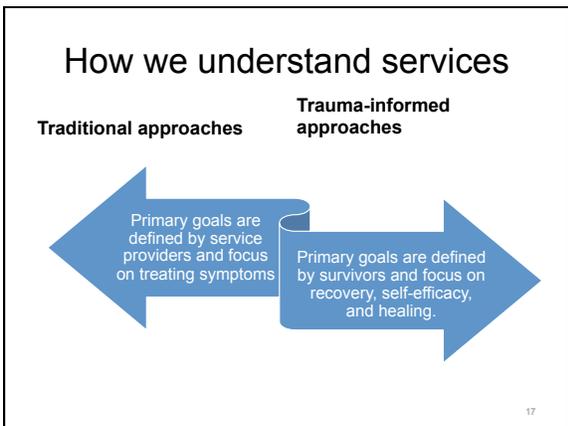
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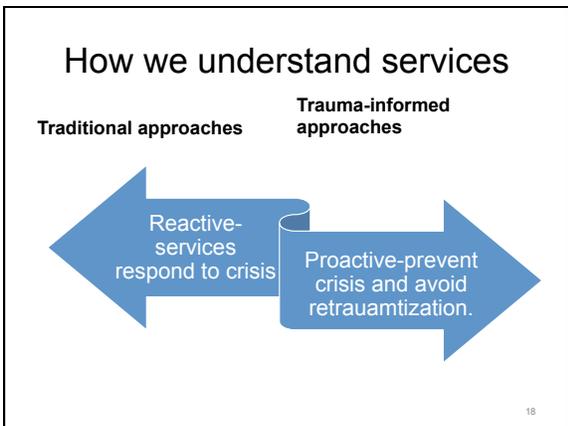
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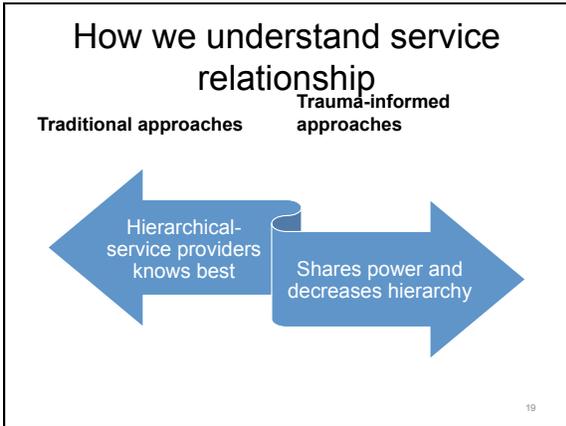
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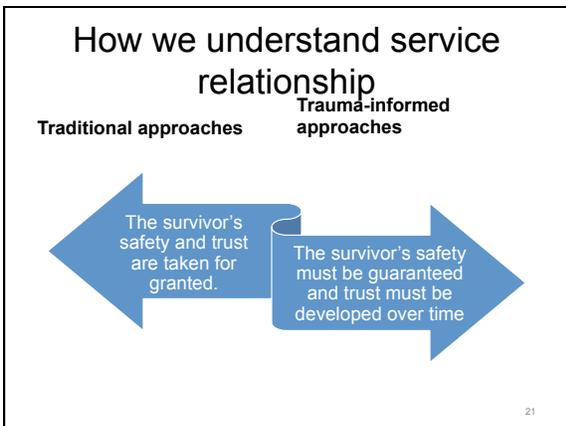
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## Universal precautions

- It makes sense to treat EVERYONE as if trauma has possibly occurred. Making sure someone **feels safe and in control** of their own lives will help someone with trauma, and will not hurt anyone who does NOT have a history of trauma.

Dr. Gentile, DODD Webinar Series #2

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## Strategy

Have trauma-informed expectations of clients, staff and your organization



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Why is becoming trauma-informed important?

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Why use a trauma-informed approach?

- It benefits:
  - Survivors
  - Staff
  - Your organizations

*In other words, everyone wins....*

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Things to think about:

1. How have you seen trauma impact survivors?
2. How have you seen trauma impact staff?
3. How have you seen trauma impact organizations?



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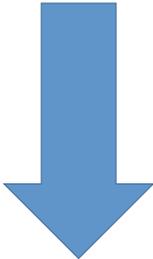
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Decreased ability to....

- Manage and regulate feelings
- Self-soothe
- Trust others
- Thoughtfully plan
- Have the energy to get things done
- Connect with others
- Tell stories



DVMHPI, Access to Advocacy Manual

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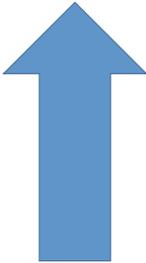
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### Increased.....

- Tension, anxiety, panic, emotional volatility
- Need for control and aggressive behavior
- Avoidance, constriction and disassociation
- Use of drugs, alcohol or other addictions to manage feelings



DVMHPI Access to Advocacy Manual 28

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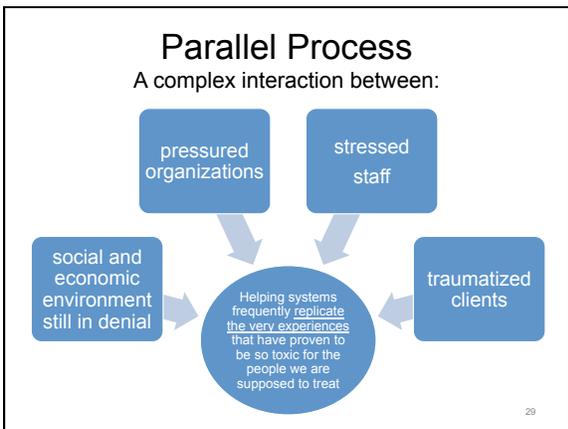
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### Parallel process

 <b>Survivors</b> <ul style="list-style-type: none"> <li>• Fragmented</li> <li>• Confused</li> <li>• Overwhelmed</li> <li>• Depressed</li> <li>• Helpless</li> <li>• Unsafe</li> <li>• Hypervigilant</li> <li>• Aggressive</li> <li>• Hopeless</li> </ul>	 <b>Staff</b> <ul style="list-style-type: none"> <li>• Fragmented</li> <li>• Valueless</li> <li>• Overwhelmed</li> <li>• Demoralized</li> <li>• Frustrated</li> <li>• Unsafe</li> <li>• Hypervigilant</li> <li>• Punitive</li> <li>• Hopeless</li> </ul>	 <b>Organization</b> <ul style="list-style-type: none"> <li>• Fragmented</li> <li>• Valueless</li> <li>• Overwhelmed</li> <li>• Directionless</li> <li>• Stuck</li> <li>• Unsafe</li> <li>• Crisis Driven</li> <li>• Punitive</li> <li>• Missionless</li> </ul>
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Dr. Sandra Bloom, The Sanctuary Model

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### Impact of Trauma: Accessing/Receiving Services

“I had been coerced into treatment by people who said they’re trying to help...These things all re-stimulated the feelings of futility, reawakening the sense of hopelessness and loss of control I experienced when being abused. Without exception, these episodes reinforced my sense of distrust in people and belief that help meant humiliation, loss of control, and dignity.”

- Laura Prescott

Kraybill & Morrison (2007). Assessing Health, Promoting Wellness: A Guide for Non-Medical Providers of Care for People Experiencing Homelessness. SAMHSA Homelessness Resource Center, p. 38.

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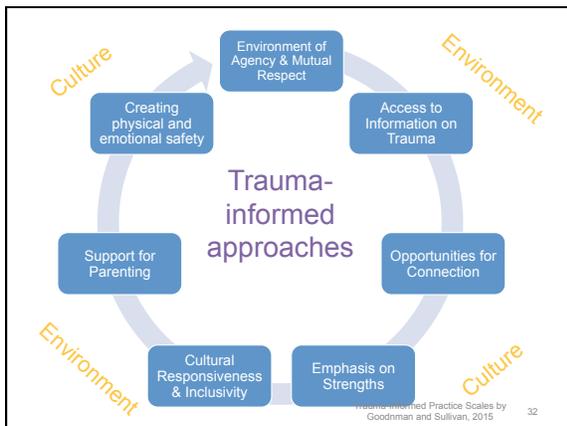
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### How does this approach benefit survivors?



1. I have a voice again.
2. I can begin to re-establish a sense of safety and control.
3. I have space to talk about the impact of domestic violence and other traumatic experiences:
  - Essential to healing AND to providing effective advocacy and support.
4. Helpers heard, validated, and witnessed my reality, which can take power away from traumatic experiences.

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### And helpers?



1. We can stop seeing trauma responses as personal attacks.
2. We can get the information we need to effectively support and advocate for survivors.
3. We can focus on recovery and healing.
4. We can become aware of when work is impacting us in a problematic way and get support and assistance with that.
5. The impact of this work becomes a part of the normal conversation which leads to healthier employees and organizations.

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### And organizations?



1. We **LEARN** about domestic violence and other traumatic experiences and common impacts of trauma on survivors, staff, and organizations
2. We **USE** this knowledge of trauma and its impact to define, shape, modify and maybe change **what we do** and **how we do** things with victims of traumatic experiences and our staff
3. We create systems that are more likely to really help survivors and promote a healthy staff that can better fulfill the organization's mission.

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What is a next step I could take to become more trauma-informed?

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**Strategy: taking our temperature**

- Figure out where we are and what we are doing now
- Make sure that people receiving services are central to this



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**Strategy**

Create physically and emotionally safe spaces for EVERYONE (including you).  
*How?*



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Three more strategies

**Validate, normalize, and educate**



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### Strategy: Resisting retraumatization

- Identify ways in which we might be retraumatizing people unintentionally
- Prepare and support survivors in non-trauma informed systems



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RESOURCES to help us do this work

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### Regional Trauma-Informed Care Collaboratives



<http://mha.ohio.gov/Default.aspx?tabid=104>

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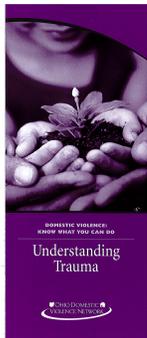
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### ODVN brochure



- Arousal symptoms
- Re-experiencing symptoms
- Avoidance symptoms
- Emotional numbing or disassociation
- Negative impact on moods and thoughts

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**TRAUMA-INFORMED APPROACHES**  
 PROMISING PRACTICES AND PROTOCOLS FOR OHIO'S DOMESTIC VIOLENCE PROGRAMS



Funded by: The Ohio Department of Mental Health  
 Susan D. Frazee, MSSW, LISW  
 Rachel Ramirez-Hammond, MA, MSW, LISW

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### Using the TIA manual

- Individual level
  - Learn about trauma
  - Identify trauma reactions
  - Respond sensitively and appropriately
  - Validate
  - Normalize
  - Educate and empower
  - Avoid retraumatization
  - DO NO HARM

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### Using the TIC manual

- Organizational level
  - Educate advocates on trauma
  - Use best practices
  - Incorporate protocols
  - Review policies and procedures for trauma-sensitivity
  - Avoid retraumatization
  - DO NO HARM

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### Trauma-Informed Approaches: Promising Practices and Protocols for Ohio's Domestic Violence Programs

Go to [www.odvn.org](http://www.odvn.org)  
Scroll down on homepage for a copy

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## Resources for Presentation

- Developing Trauma-Informed Practices and Environments: First Steps by Terri Pease

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

- Dr. Bruce Perry and the Child Trauma Academy [www.childtrauma.org](http://www.childtrauma.org)

- Homeless Resource Center Traumatic Stress Training Package

<http://homeless.samhsa.gov/Resource/View.aspx?id=33070&AspxAutoDetectCookieSupport=1>

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## Check out this website



[www.nationalcenterdvtraumamh.org](http://www.nationalcenterdvtraumamh.org)

Under "Resources and Publications"

- Conversation Series
- Tipsheet Series

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## And this one too:

# Building Comprehensive Solutions

*Supporting critical thinking, learning and victim-defined advocacy*

[www.bcsdv.org](http://www.bcsdv.org) check out resources

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Thank you!!



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