



Office for the Prevention of Domestic Violence

Spring 2016

Featured in this issue: *Mental Health Month*

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From the Executive Director



Now that the winter months seem to be behind us, I hope you are enjoying the warmer, brighter days of spring. In this issue, we recognize several important initiatives.

As you know, April is Sexual Assault Awareness Month, and we encourage you to share information about prevention and available resources with your networks and with the populations you serve. In addition, this year, April 10-16 is National Crime Victims' Rights Week. Please visit the National Office for Victims of Crime [website](#) for campaign ideas and awareness materials.

Also of great significance, and the focus of this issue, is the designation of May as [National Mental Health Month](#). We are grateful to our contributors for highlighting the ways in which trauma impacts professionals who work with victims and offenders of domestic violence. In our feature article, "Identifying and Addressing Vicarious Trauma,"

Kimberlina Kavern and Liz Roberts explain how their organization, Safe Horizon, has developed a formal plan for identifying and addressing vicarious trauma among staff. In our Q&A, "Transforming Secondary Trauma," Cathy Cave discusses the complex connections between trauma and secondary trauma, and how organizations can integrate an informed trauma response into their work.

I am also pleased to share the outcome of our 2015 Shine the Light campaign and to thank all who participated to make 2015 our brightest year so far! For more information and helpful links to assist with your October 2016 efforts, please see Page 4.

I wish you a wonderful spring and early summer, and I look forward to our continued partnership.

Gwen Wright

National Crime Victims' Rights Week (NCVWRW): April 10-16, 2016

This year's theme, "Serving Victims, Building Trust, Restoring Hope," emphasizes the importance of serving crime victims in a timely and compassionate manner to build trust and restore hope while supporting healing and recovery. Once again, New York State will honor National Crime Victims' Rights Week at the annual Brick Dedication Ceremony on June 10, 2016 from 1 to 3 PM at the Crime Victims' Memorial walkway in Albany.

The walkway, constructed of bricks inscribed with names of crime victims, leads toward a monument dedicated to the men, women, children and families who have been impacted by crime. Since 1996, the Brick Dedication Ceremony has provided a way to honor those victims. The ceremony is organized by members of the [New York Crime Victims' Assistance Task Force](#), a non-profit coalition comprised of private individuals, state and local government agencies and victim service organizations.

For information about purchasing a brick or to determine financially-based scholarship eligibility, please [email](#) OPDV Resource Coordinator Sharon King, or call (518) 457-4100.

To learn more about National Crime Victims' Rights Week, or access resources and material, visit the [U.S. Office for Victims of Crime website](#).

1-800-942-6906 NYS Domestic & Sexual Violence Hotline

Confidential • 24 HRS/7 DAYS
English & español, multi-language Accessibility
711: Deaf or Hard of Hearing
In NYC: 311 or 1-800-621-HOPE (4673)
TDD: 1-800-810-7444

April 10-16, 2016 is
National Crime Victims'
Rights Week

April is Sexual Assault
Awareness Month

May is Mental Health
Awareness Month

In Our Next Issue: The Ursula Forem Fellowship

In memory of former OPDV employee Ursula Forem, this fellowship provides funding to several local DV programs throughout New York State. Our summer 2016 issue will highlight the important work they're doing in partnership with OPDV!

Did You Know...

In 2014, 15% of the clients receiving services from the [NYS Office of Alcoholism and Substance Abuse Services](#) (NYS OASAS), self-identified as DV victims and 7% of OASAS clients self-identified as DV perpetrators.

This information was taken from the [2014 NYS Domestic Violence Dashboard](#).

Identifying and Addressing Vicarious Trauma

Co-authored by [Safe Horizon](#) staff Kimberlina Kavern, Director of the Bronx Family Court Program and Liz Roberts, MSW Deputy CEO and Chief Program Officer

"It felt like I didn't enjoy anything anymore. I had spent about five years working with survivors of domestic violence when things just... changed. When I got home I was too exhausted to do anything but watch TV. I isolated myself from my family and friends because they couldn't understand what I was going through, and their jobs seemed so trivial. I just didn't feel connected to anything or anyone." ~ Vicarious Trauma Survivor

What is Vicarious Trauma?

Many of us are familiar with the term vicarious trauma. Over the past few years, there has been a growing awareness of the topic. As helping professionals, we've been encouraged to make time for "self-care," read articles on the topic, maybe even have conversations about it at work. Those of us engaging with survivors of violence have felt its impact on our lives, and have come to realize the need to manage our own vicarious trauma response.

At [Safe Horizon](#), we believe that addressing vicarious trauma is essential for any domestic violence program. Without attention to vicarious trauma, organizations are likely to face high turnover, staff are likely to suffer unnecessarily, and clients may not receive the compassionate attention they deserve. We think it is crucial to create a culture in which vicarious trauma is normalized, and in which it is addressed regularly and consistently. We have integrated these philosophies in several ways.

How Safe Horizon Addresses Vicarious Trauma

We have taken a three-pronged approach to addressing vicarious trauma. Each of the following three elements provides necessary support and has resulted in positive outcomes for both our staff and the clients we serve.

• Supervision

First, we created a quality supervision plan that incorporates vicarious trauma into the supervision process. All supervisors provide at least hour-long, biweekly reflective supervision to staff. Supervision is not only an opportunity to discuss our practice and administrative issues, but a critical forum in which to explore and respond to vicarious trauma. Supervisors are expected to work actively with employees to identify symptoms of secondary trauma, develop sound self-care practices, and help staff cope with the emotional impact of their work. We also include professional development, with the knowledge that helping staff identify and work toward career goals can provide opportunities for growth, infusing greater confidence and hope into our work. In addition, we provide monthly group supervision to all our teams. Trauma work can be isolating. Feeling supported by a team of colleagues is critical in reducing that isolation.

• Training

Second, we invest in training. Our training department not only prepares staff for client-related aspects of their work, but teaches them to recognize vicarious trauma and their own trauma response. We offer training on topics related to professional development, such as networking and navigating successful career, opportunities, and on quality supervision for both front-line staff and supervisors. We've incorporated trauma-informed training practices into our curriculum as well. Most importantly, we ensure that staff and managers have the tools and knowledge they need to effectively do their job, knowing that feelings of helplessness can trigger vicarious trauma.

• Partnership and Processing

Third, we partnered with an outside agency to provide crisis debriefing as needed. When a crisis impacts one of our programs, whether it be the tragic death of a client or a violent incident occurring in the workplace, we want to make sure that all staff have a safe, confidential space to consult and debrief with experts.

Assessing Organizational Efforts and Addressing Staff Needs

Even though the above three measures have been in place for several years, and have shown a palpable difference, staff told us that, in spite of these investments, they were still suffering, and still sometimes feeling alone. In response, last year we created a workgroup that meets regularly to discuss our progress to date and explore what more needs to be done. We've learned that there is no "one size fits all" approach to self-care. For some employees, yoga, meditation and physical activity are crucial. For others, getting outside and taking a walk during the work day, or bringing the outside in with windows and plants can be beneficial. If possible, diversity in staff's daily tasks, and/or flexible work hours can help as well. Whatever the response, providing access to a variety of options is crucial, as are benefits, such as affordable health insurance, access to therapy and mental health services, disability benefits, and adequate time and leave.

Where Do We Go From Here?

There will always be things we can't change, at least not overnight, such as funding requirements, modest salaries, and heavy caseloads. But while it is inevitable that vicarious trauma will affect the lives of trauma workers, such effects can be managed. For even though trauma can take its toll, it can be incredibly rewarding. The important thing is to create and maintain an environment that allows staff to connect with and be reminded of why we choose to do this work.

Q&A: Transforming Secondary Trauma

This Q&A was conducted with Cathy Cave, Senior Training Consultant for the [National Center on Domestic Violence, Trauma & Mental Health](#).

Q What is the difference between trauma and secondary trauma (ST)?

A Trauma involves feelings of fear, threat, or harm that overwhelm one's ability to cope. Historical trauma is cumulative emotional and spiritual wounding over the lifespan and across generations. (Packard, NCDVTMH). In our work with trauma survivors, we are caring and present for others. Secondary trauma occurs when another person's life experience affects us and leaves us feeling isolated and overwhelmed.

Q Are ST and vicarious trauma (VT) the same thing?

A Though often used interchangeably, "secondary trauma" feels more respectful. As a survivor, I can say many of us feel that "vicarious Trauma" implies that survivors are responsible for another's distress, or that our pain is "contagious." This is often conveyed as "the source of the trauma is the survivor's, while the distress is the professional's." In fact, trauma can affect each of us and our organizations. The origin of any individual's distress can be from a multitude of sources.

Q Where does burnout factor in?

A Burnout is related to aspects of workplace culture including management and supervision. Staff may feel cynical, disconnected and overwhelmed. Trauma may be a factor and unresolved organizational trauma may have a lasting impact on staff and programs. Burnout and ST can coexist in programs particularly if supervisory practices are not in place to help transform the conditions.

Q What are the signs of ST?

A In our work, distress can look like an inability to manage emotions,

physical illness, lack of awareness or caring, dysregulated thoughts, changes in judgement, compassion and other behaviors that impact our ability to effectively respond to the needs of others. These may present as someone who cries often, is extremely quiet or disconnected. Other possible indicators may include intrusive thoughts, chronic fatigue, anger, poor concentration, fearfulness, shame, illness, and absenteeism.

Q Is ST an illness? Is it curable?

A People are resilient and with effective supports, healing from trauma can be expected for survivors, staff and our organizations. We can transform the conditions when we understand the pervasiveness of trauma and actively address the impact on our work.

Q How does Reflective Practice work?

A Reflective Practice is an approach to supervision that offers staff space to talk about their experiences and their responses, receive feedback, gain perspective, and move forward collaboratively. This process can include navigating challenging situations and trauma reminders.

Q What is a trauma response?

A Trauma responses involve the direct impact of abuse and violence and a wide array of coping strategies that people employ to attempt to manage fear and horror.

Q Are certain people more vulnerable to ST than others?

A Most of us have heard of the "Fight, Flight, or Freeze" response to trauma. However, another response, called "rush in," is common in helping professionals whose training overrides the fight or flight response and

compels them to approach trauma and, in some cases, rush into traumatic situations on a daily basis.

Q Is it common for trauma survivors to pursue helping professions?

A In "[Engaging Women and Trauma Informed Peer Support](#)," a guide I co-authored with Andrea Blanch, Beth Filson, and Darby Penney, we point out that 80%-90% of people who have received mental health services are trauma survivors, and a large portion of them pursue helping professions. This is not random. As survivors, we recognize the harm of trauma and are passionate about making positive change.

Q How can we best address ST?

A One challenge is that "trauma" has become part of our common language, and people often use it casually (e.g., "I was so traumatized by the long lines at the grocery store"), which dilutes its impact and depth. Trauma is very different from simply having a rough day or a challenging week.

In our programs and services, we need to incorporate an understanding of trauma and its impact, and adapt all that we do to reflect that understanding. It is up to each of us to change the conversation and deepen the dialogue.

Q What can organizations do?

A Organizations can incorporate trauma-informed approaches by completing self-assessment processes to strengthen service delivery, increase staff supports, enhance staff's capacities for self-awareness and self-care, and strengthen supervisory practices.

For more information, see the [National Center for Trauma-Informed Care](#).

Shine the Light 2015: A Recap

October 2015 marked the eighth year of New York State's "[Shine the Light on Domestic Violence](#)" campaign! We are thrilled that so many people are now "going purple" as part of their annual October tradition.

Once again, [Niagara Falls](#), [The Empire State Building](#), the [Mid-Hudson Bridge](#) and [Peace Bridge](#), city halls and county court houses shined the light.

Some creative ideas this year included a purple [Saugerties police car](#), [purple fountains](#) at Ithaca College, [purple business card holders](#) from the [NYS](#)

[Department of Labor](#), and [powerful artwork](#) from talented New Yorkers around the state. In addition, [SUNY Delhi's mascot](#) went purple for the first time, and more universities than ever participated with campus-wide efforts, activities, and purple initiatives.

OPDV continues to provide online resources including [downloadable brochures](#), [posters](#), and [wallet cards](#). We also offer suggestions for [how to go purple](#) and provide customizable items such as a [sample press release](#) and helpful [talking points](#).

Please [let us know](#) if there are additional resources that would assist with your efforts.

"Shine the Light" sends the message that a coordinated voice is a strong voice, and that there is power in collaboration.

We look forward to partnering with you next year!



#ICanDoSomething Video Challenge



Teen videographers are recognized at Teen Summit.

OPDV would like thank all who submitted videos to the #ICanDoSomething Video Challenge! Developed to highlight February as Teen Dating Violence Awareness & Prevention Month, the Challenge concluded with a Teen Summit in Albany last month.

About 20 teens, their parents and teachers from schools and organizations around the state attended the summit: Southern Cayuga High School in Aurora, Grenville Baker Boys and Girls Club in Locust Valley, New Rochelle High School, St. Joseph Collegiate Institute in Buffalo and Dundee Central School

in Farmington.

OPDV hosted the event, which included representatives from two other state agencies: the Office of Victim Services and the Office of Children and Family Services. The day featured screenings of the videos, discussion and group activities led by the wonderful YOUTH POWER! of Albany, and concluded with a tour of the Capitol.

Keep an eye on our [Facebook page](#) where we will be sharing some of the videos. And remember: We each have the power to take a stand and be able to say, "I Can Do Something!" to raise awareness about, and work to prevent, teen dating violence.

Trauma Training for CPS Workers in New York State

[The New York State Office of Children and Family Services](#) (OCFS) is pleased to announce a new computer-based training titled, "Overview of Trauma."

Understanding how trauma affects both children and adults is essential for those who work in or collaborate with the child welfare system. As such, OCFS has developed this one-hour, web-based training course to provide a foundation of understanding of the impact of trauma.

The course, which utilizes a variety of interactive resources to engage the

learner, includes videos, a recording of a 911 phone call, and various visual presentations of information.

Upon course completion, participants will be able to:

- Define the different types of trauma
- Understand the prevalence of trauma
- Identify cultural influences on trauma
- Understand the effects of trauma exposure
- Define traumatic stress and recognize reactions to it
- Understand the impact of traumatic experiences on development

- Understand the long-term effects of trauma
- Develop strategies for effective communication with people who have experienced trauma
- Develop strategies for intervention
- Understand and recognize Secondary Traumatic Stress.

[This course](#) is open to the public.

For more information, please contact [Joanne Trinkle](#), Director of Special Projects at OCFS.

NYS Office for the Prevention of Domestic Violence www.opdv.ny.gov

Please send any comments or content ideas to: opdvbulletin@opdv.ny.gov

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