



In this issue: Trauma Prevention and Response

Fall 2019

Fall is a particularly busy time of year for domestic violence prevention and awareness, and we would love to hear about your efforts: [email](#) us so we can share your work through our social media platforms, or tag us: @NYSOPDV or #NYGoesPurple4DV.

To mark October as Domestic Violence Awareness Month, OPDV is implementing a new initiative targeting salon and spa professionals who are in a unique position to assist clients who may be victims of domestic violence, and also is working with state agencies to highlight workplaces as an important source of support for victims and survivors.

First, through a collaboration with the state Media Services Center, OPDV has created a short video illustrating how stylists, manicurists, estheticians and other appearance enhancement professionals can broach the topic of domestic violence with their clients if they have concerns. The state Department of State, which licenses these professionals, will distribute the video to nearly 80,000 licensees, and will share links to additional resources. Check out [OPDV's resources online](#) and the [Department of State](#) website to view the video and access more information.

Next, to support the essential role of state agency domestic violence workplace liaisons, OPDV has developed specialized tools and materials for liaisons to share with their colleagues. More than 100 liaisons, who are designated points of contact for resources and support within their respective agencies, will receive these materials, which are available on the [OPDV website](#) for any workplace or employer to use and customize as needed.

Finally, the articles in this bulletin center around trauma and the ways in which agencies and organizations can support victims and survivors. The feature article, "[Trauma Informed Care: A Paradigm Shift](#)," examines the paradigm shift required to adopt a trauma-informed organizational culture, and the Q&A, "[Understanding Trauma Informed, Trauma Responsive Workplaces](#)" outlines the impact that trauma-informed workplaces can have on staff and on those they serve. The Teen Dating Abuse section complements these pieces by exploring the connections between unhealthy relationships and adverse childhood experiences.

Thank you for your continued partnership and your efforts in October – and throughout the year – to make a difference in the lives of victims of domestic violence.

OPDV Staffers Participate in Trauma Champion Initiative



Bonnie Allen

Earlier this year, OPDV Program Administrators Bonnie Allen and Scott Speanburg were selected to participate in the Trauma Champion initiative offered by the state Division of Criminal Justice Services in partnership with [The Institute on Trauma and Trauma-Informed Care](#) at the University of Buffalo. The initiative prepares employees from state agencies to develop trauma-informed prevention and response practices within their workplace and to understand the investment of time and commitment required at all levels.

Here, Bonnie Allen shares her thoughts on participating in the six-month initiative, which concludes in October.

"For more than 30 years, I have worked with survivors and perpetrators of domestic violence, and I have witnessed first-hand the pervasive impacts of trauma on individuals and on the communities in which they live and work.

Although OPDV is not a direct service agency, we do provide some assistance to victims of domestic violence. We also fund local programs and train professionals who interact daily, and in various capacities, with victims and survivors. Given this, we know that vicarious trauma is one of the many complex challenges for individuals who work for agencies and within systems that assist trauma survivors. Vicarious trauma can impact employees at work, and compound personal past – or current – trauma staff may be dealing with outside of the workplace.

I am honored to participate in this initiative and applaud DCJS for recognizing the importance of incorporating trauma knowledge and practice into our work and workplaces. Through the initiative, we are encouraged to move slowly, start small, plan strategically and build a strong foundation of knowledge and understanding. Scott and I are looking forward to implementing what we have learned and to seeing positive results for our coworkers at OPDV, the professionals we train and the agencies and systems with which we work.

1-800-942-6906

NYS Domestic & Sexual Violence Hotline

Confidential • 24 hours/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

Table of Contents

[Page 2: Trauma-Informed Care: A Paradigm Shift](#)

[Page 3: Understanding Trauma-Informed, Trauma-Responsive Workplaces](#)

[Page 4: The Impact of Adverse Childhood Experiences on Teen Dating Violence](#)

[Page 5: Legislative Update](#)

[Page 5: State Invests \\$4.45 Million to Improve Services for Abused Children](#)

Did You Know...

In 2018, domestic violence programs licensed by the State Office of Children and Family Services served more than 10,000 children; 4,171 in non-residential programs, 6,105 in residential programs, and 237 in transitional housing.

Trauma-Informed Care: A Paradigm Shift

Written by OPDV staff, this article is based on an interview with Samatha Koury, LMSW, Project Manager at [The Institute on Trauma and Trauma-Informed Care](#) at the University at Buffalo

The implementation of trauma-informed care requires a paradigm shift to ensure organizations guard against re-traumatization by changing their operations, policies and procedures to assume that everyone interacting with the organization – from individuals receiving services to the workforce – has a history of trauma.

This ‘universal precaution’ is akin to the practice of health care professionals always wearing gloves to protect themselves from the spread of pathogens: They do so without asking whether the individual they are treating has a specific condition. Instead, they take care to protect themselves during every interaction.

Trauma-informed care is about creating and sustaining organizational culture change that recognizes trauma exists and has lasting impact on those who sustain it. While it is important to ensure that individuals have access to trauma-specific treatment or counseling, the bulk of the work to implement trauma-informed care revolves around creating service and workforce environments that are not unintentionally re-traumatizing those in the organization. It’s about the ways in which staff interact with each other and the manner in which they do their work: that’s a process that takes time and planning.

Our model involves evaluating organizations on 10 key development areas for trauma-informed organizational change: reviewing policies and procedures; hiring and orientation practices; and examining the physical environment and emotional culture, for example, and identify areas for growth. We then collaborate with them to create strategic plans for implementation, where all action steps are anchored in the five guiding values and principles of a trauma-informed approach: safety, trustworthiness, choice, collaboration and empowerment.

First and foremost, organizations must ensure those five values and principles for their staff so they are able to do the same for those they serve. Dr. Sandra Bloom, one of the founders of trauma-informed care, explains the importance of recognizing parallel processes within organizations. If staff are being re-traumatized and are not supported, they will be positioned to do the same to those with whom they work. Trauma-informed care is about ensuring a service and workplace environment that neutralizes the risk of re-traumatization and promotes healing, productivity and growth of everyone interacting with that system.

Challenges

The primary challenges are time and resources. Many organizations are juggling many moving parts and priorities, which can result in “box checking” mentality: sending staff to a one-time presentation so they can say staff are trauma-informed. There also are false starts, in which a group of people excited about the idea provide initial training without a plan for short- and long-term follow-up. This leads to a loss of momentum and engagement of the workforce over time.

Given these challenges, we frequently remind organizations that this change takes, at a minimum, three to five years. It is critical to regularly acknowledge and evaluate progress, and continually ask, “What is the next small step I can take?” to move the shift the paradigm further.

Healing is Possible

Humans are incredibly resilient and while many individuals experience trauma, only a small percentage of them develop a full-blown PTSD diagnosis. There also are evidence-based, trauma-specific treatments that can help individuals heal and grow in ways that we didn’t think possible in the past. It is important to recognize that workforces facing vicarious traumatization can also experience resilience and post-traumatic growth vicariously. That gives me a tremendous amount of hope as we pursue this work.

I think Helen Keller says it best: “Although the world is full of suffering, it is also full of the overcoming of it.” Trauma-informed care is a way that all of us, no matter our role, can play a part in this process.

The Institute on Trauma and Trauma-Informed Care

Susan Green and Tom Nochajski, faculty at the [University at Buffalo](#), created [The Institute on Trauma and Trauma-Informed Care](#) in response to the growing need for training, evaluation and support around the topic. The Institute is partnering with the state Division of Criminal Justice Services (DCJS), coordinating a “Trauma-Informed Care Champion” learning collaborative to teach employees from state agencies, including OPDV, how to plan for, create and sustain trauma-informed change in their programs and organizations. Visit the [Institute’s website](#) for more information.

Q&A: Understanding Trauma-Informed, Trauma-Responsive Workplaces

This Q&A was conducted with Thomas R. Andriola, Chief of Policy and Implementation, [New York State Division of Criminal Justice Services \(DCJS\), Office of Youth Justice](#)

Q: What is trauma?

A: There isn't a single definition of trauma, but I like the Substance Abuse & Mental Health Services Administration ([SAMHSA](#)) definition:

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.”

It's important to keep in mind that an individual's personal experience determines whether they have experienced trauma. Two individuals can have something identical happen to them, and one experiences trauma, while the other doesn't. It's also important to understand that trauma may include visible effects such as the inability to manage emotions and behavior, but it may also include an altering of one's neuro-physiological make-up and ongoing health and well-being.

Q: Why is it important to understand and integrate trauma into our work?

A: The impact of trauma can be prevalent from something that occurred long ago, such as childhood sexual abuse, or something that happened last week, for example, domestic violence in the home. Vicarious trauma may occur in helping professions, such as when a law enforcement officer responds to a murder scene. Regardless of when the traumatic event happened, individuals can be “triggered” by reminders of the event: a sound, smell, color, or seeing someone who looks like their attacker.

Q: How can understanding trauma be helpful in a professional setting?

A: Awareness is key. Consider a young boy who was sexually abused at the age of 11, who has been referred to probation three years later for a juvenile delinquency intake after assaulting a neighborhood child. The male intake officer reminds him of his abuser. The child who the youth assaulted had been periodically teasing him about his sexuality. Is the probation department sensitive to who they assign to this case? Are there officers trained to screen for trauma and to understand behavioral responses to it? Are there tools the department uses to understand the underlying cause of the behavior and responses to it that will be most effective? If the answers to these questions are “no,” it is much less likely the department will be able to implement an effective response.

Q: How can we help individuals who have experienced trauma when it seems like their stories are inconsistent and always changing?

A: Trauma often results in fear and shame. Many victims of traumatic experiences believe that what happened to them is their fault. They may also fear retribution from the perpetrator of their trauma. These factors can result in recantation, but the event they originally disclosed is usually the truth.

Trauma also is processed differently in the brain, typically being captured in emotions and visual snapshots, as opposed to reasoning and cognitive processing. This can result in a “scrambling” of the sequence of events that has been described,

or even a lack of understanding about when the event occurred in the first place. These factors should not be construed as signs that the story was fabricated or that the individual is being difficult.

Q: How can I best respond to someone who has experienced trauma and who doesn't seem to want my help?

A: Individuals who have experienced trauma often use unhealthy coping mechanisms, such as using drugs or alcohol, to mask their pain. It's important not to judge, but to listen and empathize. Remember, their trust has likely been broken by something awful that happened to them. Make suggestions about some options and tools that might help them, but don't “direct” them about what they should do.

Q: How can we train professionals to be more prepared for working with trauma survivors?

A: For starters, make sure that professionals understand the basics of trauma and how to respond. The Office of Youth Justice at DCJS has organized a collaborative of professionals from multiple state agencies to become trauma “champions” through training with the University at Buffalo Institute on Trauma and Trauma-Informed Care (ITTIC). There are also resources and toolkits available from different organizations such as SAMHSA and the National Child Traumatic Stress Network ([NCTSN](#)).

The Impact of Adverse Childhood Experiences on Teen Dating Violence

Efforts to prevent teen dating violence are more likely to be successful when implemented through a trauma-informed lens. When we look at adolescents' experiences holistically, we learn essential information that helps us understand how they got to where they are today, and can better strategize how to help them heal.

Trauma is defined as the response to any experience that causes an individual to feel that their safety and stability are compromised, leaving them without the ability to cope or feel the full range of their experience. Individuals react to trauma differently depending on their age, their gender, their biological make-up and other existing stressors, such as violence, poverty and discrimination. Regardless of these different factors, research shows that trauma experienced in childhood and adolescence leads to high-risk behavior choices and negative health consequences throughout later life. Researchers studied the impacts of specific types of trauma: abuse, neglect and household dysfunction such as mental illness, incarceration, domestic violence, substance abuse and divorce, which are factors known as Adverse Childhood Experiences, commonly called ACEs.

The impacts of trauma and ACEs range from disrupted neurodevelopment to social, emotional and cognitive impairments. Neurobiologically, trauma causes damage to the prefrontal cortex of the brain creating problems related to impulse control, emotional regulation, judgment, organization, and reading environmental and social cues. Because everyone experiences trauma differently, some teens will present as hypervigilant, anxious and reactive, while others may appear aloof, detached and numb. They may not trust anyone and may frequently feel helpless and afraid or angry, despite not being in an unsafe environment at that moment. These feelings can also contribute to harmful beliefs that love and abuse go together. It is the neurobiological disruption, combined with environmental and behavioral responses, that cause them to engage in high-risk behaviors such as substance abuse, sexual promiscuity, delinquency, violence and eating disorders.

We already know that teens who use alcohol and drugs often, can't regulate their emotions, hang out with violent peers, have multiple sexual partners and have friends experiencing dating abuse are more likely to experience unhealthy relationships themselves. These risk factors exacerbate one another and create a cycle of trauma and abuse. Breaking this cycle requires trauma-informed intervention that recognizes underlying causes of high-risk behavior can't be ignored.



Just as there are risk factors, however, there are also protective factors that lessen trauma. Teens who have safe, stable environments and healthy relationships with even just one adult are more likely to have positive coping strategies to deal with adversity. These protective factors can also be replicated in the healing process, by teaching a child that circumstances can improve.

When working with teens who have experienced dating abuse, adults should aim to listen without judgment, validate their experiences and remind them that the abuse is not their fault. Employ empathy while giving them the space and control to solve problems on their own. Model healthy, stable relationships that illustrate an alternative to what they saw growing up. Help them access community resources so they can build a support network. These strategies will foster resilience, which not only contributes to healing, but is critical to helping children and teens establish healthy relationships.

Also key in prevention work is helping parents access resources and support, so they don't create or continue a cycle of intergenerational trauma.

While service providers, advocates and educators cannot eliminate trauma, there are ways it can be lessened to make a difference in the lives of the children and teens they serve.

Legislative Update

The 2019 legislative session resulted in the enactment of more than two dozen pieces of legislation intended to aid victims and survivors of domestic violence. Notable new laws now in effect include:

Outlawing “Revenge Porn”

This law criminalizes sharing an intimate image of another person without their consent, for the purpose of causing harm; allows victims to file a civil suit against someone who shares an intimate image of them, or threatens to do so, in order to harass, annoy or alarm them; and creates a process for a victim of this crime to obtain a court order forcing a website to permanently remove the image.

Address Confidentiality and Other Protections

Victims of stalking, human trafficking and sexual offenses are now eligible to access the state’s Address Confidentiality Program. In addition,

victims of domestic violence can:

- Request, from their local Boards of Elections, a special ballot which allows them to vote by mail, similar to voting by absentee ballot.
- Break cable and telephone service contracts without incurring a fee. Requests must be made in writing and individuals must provide documentation in writing, within six months of canceling the contract, that verifies their victim status to avoid the cancellation fee.
- File police reports with any local law enforcement agency in the state, regardless of where the family offense crime occurred. The agency that takes the complaint must then send it to the department with proper jurisdiction.

Salary History Protections and Equal Pay laws will strengthen workplace protections, as will a law, effective Nov. 18, 2019, that reaffirms employers cannot discriminate against employees

because of their status as a victim of domestic violence, and requires both private and public employers to allow an employee who is a victim of domestic violence, or whose child is a victim, to take time off to seek medical attention or counseling, receive services, safety plan or move, or obtain legal services or appear in court.

Other legislation approved during this year’s legislative session extended time to file civil suits for domestic violence related-injuries; expanded eligibility for reimbursement of out-of-pocket expenses resulting from a crime from the state Office of Victim Services; and updated the Social Services Law definition of a domestic violence victim.

This [2019 legislative summary](#) provides additional details about these new laws.

State Invests \$4.45 Million to Improve Services for Abused Children

The [Delaware County Department of Social Services](#) and [Mental Health Association of Fulton and Montgomery Counties](#) recently received mobile Child Advocacy Centers that will allow them to improve services for child victims of physical or sexual abuse in Delaware, Fulton, Montgomery and Hamilton counties. Funded through a partnership between the [Office of Victim Services](#) (OVS) and the [Office of Children and Family Services](#), (OCFS), these mobile units – and five others being delivered to other communities throughout the fall – bring together child protective services, law enforcement, medical providers, advocacy and therapeutic resources to collaboratively respond to allegations of child abuse or maltreatment to make the investigation process less traumatic for children.

Governor Andrew M. Cuomo [announced](#) the OVS-OCFS partnership late last year. The following nonprofit organizations and agencies also have received funding for mobile units.

- Clinton County District Attorney’s Office: one unit for Essex and Franklin counties, including the St. Regis Reservation
- Parent Education Program: one unit for Allegany and Cattaraugus counties
- Steuben County Department of Social Services: one unit for that county
- Victim Assistance Program of Jefferson County: two units, one to serve St. Lawrence County and the other, Lewis County

The OVS-OCFS partnership also funded the Departments of Social Services in Steuben, Tioga and Wayne counties, and the Sullivan County

District Attorney’s Office to expand existing Child Advocacy Centers in those counties. Each grantee has been awarded \$350,000 over three years for their expansion projects. With this total investment of \$4.45 million in federal funding, New York now has 58 Child Advocacy Centers covering every county in the state.

In announcing the investment last year, Governor Andrew M. Cuomo said, “No child should ever have to endure the trauma of abuse, but it is critical that families going through these excruciatingly difficult situations get the help they need close to home. Expanding access to child advocacy centers and mobile units will ensure more child abuse survivors have a safe place to go to get support from trained professionals and put them on a path toward recovery.”

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

If you would like to subscribe to the OPDV Bulletin, visit www.opdv.ny.gov/public_awareness/bulletins/subscribe.html

Articles by outside authors are invited, but publication does not indicate endorsement of the opinions contained therein. Permission to copy, use, and distribute content from the OPDV Bulletin is granted for personal, private, and educational purposes, except that reproducing materials for profit or any commercial use is strictly forbidden without specific permission from OPDV. Any reproduction or distribution of this material must expressly credit OPDV in a prominent manner, such as, “From the NYS Office for the Prevention of Domestic Violence, OPDV Bulletin, Fall 2019. This statement does not pertain to material from other sources.