

# PROCEEDINGS OF THE TRAUMA AND VAW WORK SYMPOSIUM

Anselma House  
Kitchener, Ontario

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# Trauma and VAW Work Symposium - Notes

## Jill Shakespeare

### Literature Review on Promising Practices in Dealing with Vicarious Trauma in VAW Work (see slide deck)

- Notion of self-sacrifice
  - Judeo-Christian lens
  - Gender based analysis
  - Women feel the need/pressure to sacrifice themselves

## Kristin Trotter

### Typology of Vicarious Trauma and Innovative Grounding Techniques

- ABCs of trauma
  - Awareness
  - Balance
  - Connection
- We're told to not talk about trauma, people tell people what's happened to them without overtly doing so; they do it in code
- Take the traumatic exposure, turn it into something else and send it back out as positive energy
- Effects on cognition, memory and self-esteem and sense of safety
- You can't take a client somewhere you are afraid to go
- Hearth breathing
  - Breathe in through the heart and out through the solar plexus
  - Take a problem/stress, place it on someone close to you, bring it back, put it in your heart
  - Let compassion deal with it; send it out as positive energy

## Joanna Bedgood

### Challenges in Naming Vicarious Trauma in a Domestic Violence Context

- Barriers to discussing vicarious trauma
  - Thinking we already know all there is to know
  - We shouldn't blame the victim/person experiencing it
    - We need to move from "self-care" to "other care", i.e. not putting the responsibility of dealing with vicarious trauma on the person experiencing it
  - There is a stigma against mental health, people don't want to share that they are having difficulties
  - Is being client-centred a barrier? If we open up is that being "worker centered", and are we forgetting the clients?
  - Workers can feel selfish and guilty, as their problems usually are not as severe as those of the people they are working with

- We're social workers, we can handle it
- The Ron Rogie effect
  - The person that makes it okay for everyone else in the room to express emotion
  - There needs to be someone to create a culture that allows for expression
- Vicarious trauma
  - Hearing second hand stories
  - If you are going to tell someone a traumatic story told to you, ask the person if it is okay to tell the story
  - Can also be a barrier to telling someone a story, i.e. people not wanting to share because they don't want to negatively affect the listener
- Having a "work wife"
  - It is important to have someone you can share anything with at work
  - Someone to whom it's okay to say the "stupid stuff" to
- You have to go slow to go fast
- Shift changes in a work place can help "hand off" the trauma, i.e. you are less likely to take it home with you
- Some find inter-office politics and relationships more stressful than the work/counselling they are doing
- People find it is easier to share concerns with someone is currently doing, or has recently done, front-line work
- It always boils down to relationship
- There is a strong relationship between job satisfaction and the depth of relationships with peers and supervisors
- When you do good, you feel good
- The organization, in part, usually plays a role in traumatizing the workers, i.e. presenting them with traumatic material
- When a leader is vulnerable, other people are more comfortable being vulnerable, as long as the leader does not appear unstable

### **Laree Walters-Boadway**

#### **Effects of Trauma on Brain Function on Women and Children/Trauma Informed Practice for Advanced Clinicians**

- Brain consists of three parts
  - Reptilian (oldest; survival instincts)
  - Limbic system (emotions)
  - Neo-cortex (newest; abstract thought, higher level thinking; always over-ridden by the reptilian portion)
- Thalamus takes in stimulus, decides what part of the brain it should go to
- Amygdala (limbic)
  - Designed to protect us from threat
  - Distinguishes between safe and dangerous

- If it senses a threat it springs into action
- Amygdala determines the best response
  - Can trigger parasympathetic nervous system, can lead to different physiological responses
- Hyper-arousal
  - Emotional reactivity
- Hypo-arousal
  - When fight or flight is not possible
  - Absence of sensation
  - Shuts down, play dead
- Both hyper and hypo-arousal are outside the window of tolerance for the brain
- Try to guide a traumatized person into the window of tolerance
- It is important to integrate physical activity in treatment as it can positively influence the brain
- People can move in and out of hypo and hyper-arousal
- Sometimes we cannot talk ourselves out of fear
  - Sometimes the traumatized victim sees non-threatening things as threats
- Traumatic memories are thought to rest in the limbic and reptilian portions of the brain
  - This way it is remembered well
- Brain chemicals can help or harm depending on the dose
  - Some chemicals can shrink the hippocampus (ex. adrenaline)
- Our brains are resilient
- The brain is modified by all experiences
- Brain development is organized in a use dependent fashion
  - Neurons that fire together wire together
- We have something in or about us that transcends the firing and wiring of neurons and the actions of chemicals

Are there differences across cultures?

- Hyper arousal, intrusion, avoidance are seen as universal across cultures

## Trauma and VAW Work Symposium – Feedback from Participants

### 1. What did you find meaningful or helpful in the information/presentations of the panellists?

- I liked the rigour of true academic; passion of community; great presentations; passion from both sides
- Succinct presentations just highlighting the issues as opposed to focussing in depth on one topic
- All of them were very informative
- The opportunity to broaden conversations around trauma, working in the field and the effects of vicarious trauma
- The combination between academic and more “grassroots” perspectives
- Kristin Trotter’s information on the link between vicarious trauma and vicarious resilience. It will stay with me and I will be aware of this in my ongoing work.
- Trauma resiliency; supervision thoughts and advice
- Real life stories; “organic” fluid nature of the day with good time for questions and comments unlike many conferences; Joanna was fantastic for her presentation from a compassionate yet accountable stance
- Found all the presentations enlightening in their own ways; appreciated Joanna’s candour and courage
- Diverse speakers; well put together
- Hearing from other people who are doing the same work and acknowledging the effect of trauma on us; the importance of relationships in our work
- Humour, personal experiences, academic and front line perspective; the presenters were knowledgeable and engaging; lunch was fabulous
- Great speakers, great info; valuable books and research info shared; VT information, trauma and brain info (more on unionized environments please!)
- The idea that self-care is not the solution; that we put the responsibility to manage trauma back on the person experiencing it; need to normalize trauma; the personal stories
- I really enjoyed the speakers and the presentations of ideas; it was good to include representation from academic and field perspectives
- Mix of scholarship and direct service experience; space to discuss aspects of this topic not often discussed; looking at literature in a way that identified implications for future areas of exploration
- Great range of topics, provocative ideas; great lunch

- Personal stories; each speaker was very engaging and relaxed; introduction of new concepts
- The personal nature of how the presenter talked/related to the audience and the topic; it make the tough topics interesting and entertaining
- Tensions on supervision and VT; care for the care giver; breathing exercise; wealth of experience; Joanna amazingly down to earth, very practical and insightful presentation, loved her sense of humour; effects of trauma on brain function, interesting topic but we should have heard it before lunch
- Loved Dr. Trotter and Joanna; presentations are research based vs. experience based
- Enjoyed Joanna Bedgood's presentation re: VT and supervisors and things to consider
- Variety of speakers and perspectives
- Their own/personal stories in relation to trauma
- The variety of perspectives; the academic info coupled with the practical experiences
- Excellent presentations; good use of humour; better understanding of trauma
- All info on vicarious trauma, resilience

## **2. What was less helpful?**

- Don't want any more trauma basics 101, want more time to deeply unpack more difficult issues like impact of other factors of marginalization and middle class lens ("middle class lens" is what it appears to say, but uncertain about those three words)
- Found that I was feeling like a duck out of water at times as VT and response to or preventative measures are greatly altered from my understand in a unionized environment
- Practical strategies rather than only emphasizing research and theory
- Presentations were too short, not enough time to go deeper
- Maybe more explicit structural/systems context
- The sound – it was difficult to hear and see the speakers
- The presentations were short; to get a depth of vicarious trauma and more emphasis on coping strategies for VT would be helpful
- Lecture style format; would have enjoyed small group discussions on the topic matters after each presentation
- The 'brain' piece should have been in the a.m. to set a framework about the trauma discussion

- I really would have preferred to hear more from Dr. Trotter

### **3. Ideas relative to trauma that could be shared for an event in the fall**

- Trauma informed counselling and training on that – why it is important not to medicate and pathologize a woman who has mental health and addictions
- Intersection of mental health addictions and trauma caused by DV & sexual violence
- Body based strategies for working with trauma
- I would like to see the presentations to focus on the resistance to talk about post-traumatic experience
- More on vicarious trauma, resilience and how to strengthen the movement from one to the other
- Middle managers are often torn between their team needs vs. organizational needs. How do we overcome this barrier given the economic climate?
- Culturally informed trauma work. I would love to attend more symposiums like this one!
- Trauma impacts on employment
- Impact of marginalization
- Vicarious trauma vs. health boundaries; when colleagues are causing trauma to other colleagues and it's NOT the clients; vicarious trauma and victim work, but related to the “unknown” abuser (staff exhibiting VT in reaction to that which they have no control or say – the abusive partner)
- Trauma and its effects on workers; self-care/balancing effects work and personal life
- Why is it ok to talk about VT? Beyond the basics – the need for support for workers in the area of VT; self-awareness and self-reflection – the necessity of knowing yourself in doing this work; how to give and receive feedback re: VT
- Traumatic energy how to transform client centered vs. worker centered culture
- Presentations by systems integrating vicarious trauma and vicarious resilience in the workplace/supervision; what does a cross-cultural perspective of trauma look like; trauma and health
- More on unionized environment and providing supervision support, etc.; more on VT and VVT, etc.
- Ways to engage ourselves and each other around vicarious trauma that is not the same dialogue we have had before
- Would like to explore trauma resiliency more; would like to explore best practices and concrete ideas of implementation; how does diversity impact trauma resiliency

- Racism/discrimination/migration as trauma
- Neuro-plasticity; more on culture and leadership as protective factors for organizations whose staff work in the trauma field
- The larger political culture that supports environments conducive to trauma occurring on large scales (i.e. war supported by Western countries creating the events that cause the trauma we're trying to help with/alleviate)
- Dealing with caregiver fatigue – best practices for supervisors; a session of “mindfulness” – a hands on experiential exercise
- Coping strategies or best practices for staff [unreadable] to trauma (work related/personal life); Joanna Bedgood and Dr. Trotter do a presentation together
- Supervision and VT further
- More concrete suggestions of strategies to use; more discussion of organizational trauma
- A more than basic understanding of trauma; trauma and cultural dynamics
- A balance of both; a panel piece but also an interactive element to the day
- Frontline staff could benefit from learning more about trauma and how their early life experiences which might be affecting their clinical counselling
- More about how to deal with vicarious trauma; more effective clinical supervision

#### **4. Other comments**

- Excellent day!
- Thank you, excellent venue for the event
- Other ministries need to get on board
- Great food
- Fantastic day! Thank you for the blend of academic and “real life” experiences
- A very informative session. I've been a part of trauma workshops before and I must say that there is always something new to be absorbed. Understanding how the brain works in relation to trauma really sparked my attention and was very useful.
- Can we please have less spicy food!
- Thank you



- Great venue and food. Wonderful opportunity to gather with colleagues and continue to learn
- Issues were raised in a thoughtful analytical manner and could have integrated issues of power more explicitly, as well as how we are socialized around trauma and pain as workers and clients from all over the world and how that socialization affects/impacts how we approach support and how our clients seek support and what kind of support they need.
- Great day. Thanks!
- Great job
- Very interesting session. Timing was perfect for the symposium
- Loved the information, short presentations
- Awesome experience connecting with others
- Thank you!
- Excellent lunch. Lots of garlic! Yum!
- Thank you. Really enjoyed it!