

Trauma is not an ailment or a disease, but the by-product of an instinctively instigated, altered state of consciousness. We enter this altered state – let us call it survival mode– when we perceive that our lives are being threatened. If we are overwhelmed by the threat and are unable to successfully defend ourselves, we can become stuck in survival mode. -Peter Levine

Options are: fight, flight, freeze, fawn/submit. People experiencing GBV can rarely fight or escape.

The freeze response is adaptive and can happen in many different ways.

People do not choose how they react. It is automatic.

Reflexes and habits govern responses.

Memory is impacted. Central details --what the person notices during the trauma can be available-- but peripheral details are likely to be missing.

Re-experiencing - Aspects of the trauma are “remembered” in the body.

Hypervigilance - People can be on alert more and not trusting

Triggers – people are reminded of the trauma and will often re-experience in some way

Dissociation – our brains and bodies keep us from experiencing or remembering the trauma because it can be overwhelming

Trauma-based beliefs/assumptions (not necessarily not true/could be true):

1. I am not safe;
2. People want to hurt me;
3. If I am in trouble, no one will help;
4. The world is dangerous.

Some Judith Herman Pearls:

No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest.

Helplessness and isolation are the core experiences of psychological trauma. Empowerment and reconnection are the core experiences of recovery.

...creating a protected space where survivors can speak their truth is an act of liberation.

Those who stand with the victim will inevitably have to face the perpetrator’s unmasked fury. For many of us, there can be no greater honor.

What Helps:

“You have to be able to feel what you feel and know what you know”. –van der Kolk

-Empowerment

-Control/Choice

-Being believed – not pathologized.

-Understanding how the response is normal and a way to cope with event(s)

-“Resourcing” – taking in the positive, nourishing self

- Support

-Mobilizing/not feeling stuck

-Movement –feeling it in the body and moving TOWARD something

-Rhythm – drumming, feeling it,

-Dance – movement, choosing to move as the body wants

-Helping relationships –

“There’s no more effective neurobiological intervention than a safe relationship” –Bruce Perry

-Positive attachments rewire orbito-frontal cortex to limbic system, balance PNS/SNS

-Ventral vagal system/connection to other people/mammals

-Safe physical contact

-Slowing down

-Meditation/mindfulness – in present; restores synapses (like sleep); thickens cerebral cortex

-Feeling sensation without overwhelm, knowing it changes

-Yoga – interoception and choice; regulates; builds capacity

-Exercise – (with attention to self/body)rebalances melatonin (enhances sleep); releases endorphins; promotes tryptophan (pre serotonin)

-Sleep- reduce/relieve high alert; serotonin/dopamine rise, REM integrates

## 6 Guiding Principles to a trauma-informed approach

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Empowerment, Voice & Choice
6. Cultural, Historical, & Gender Issues

(CDC’s Office of Public Health Preparedness and Response and SAMHSA’s National Center for Trauma-Informed Care)

Don’t forget **yourself!**

Supporting someone who has experienced trauma can be hard. It shows us or reminds us that the world can be very frightening and unjust. Remember

**CLEARED:** Create, Love, Exercise, Avoid excess, Relax, Eat, Dream