



**Sexual Assault**  
DEMONSTRATION INITIATIVE  
Enhancing Sexual Assault Services

## Trauma Informed Advocacy and Services

These resources will be available via the SADI online space beginning in April. For more information about how to access these resources in the interim or for more information about trauma-informed advocacy and services, please contact your Technical Assistance Providers or the NSVRC library at: 1.877.739.3895 x130 or [resources@nsvrc.org](mailto:resources@nsvrc.org).

### Articles

**Burstow, B. (2003). Toward a radical understanding of trauma and trauma work. *Violence Against Women*, 9, 1293-1317. doi: 10.1177/1077801203255555 Retrieved from The Trauma Healing Project: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.572.2728&rep=rep1&type=pdf>**

*This article offers an innovative approach to working with traumatized individuals and communities. The author offers a critique on the post-traumatic stress disorder conceptualization and psychiatry, critically examines feminist and other progressive contributions to trauma theory, suggests future directions for growth, and draws implications for practice. Some conclusions include: a strengths-based model should be used as opposed to the traditional deficit model, institutions should be viewed as contributing to the creation of trauma, a fundamental break with psychiatry is necessary to move forward, and trauma work should move in the direction of adult education.*

**Davies, J. (2007). *Helping sexual assault survivors with multiple victimizations and needs: A guide for agencies serving sexual assault survivors*. Retrieved from the National Sexual Violence Resource Center: <http://www.nsvrc.org/publications/guides/helping-sexual-assault-survivors-multiple-victimizations-and-needs-guide-agencie>**

*This guide provides information on approaches to advocacy with sexual assault survivors who have experienced multiple victimizations and have multiple needs. It offers strategies for assessing and enhancing agency response to these populations.*

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**Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B.G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33, 461-477. doi: 10.1002/jcop.20063**

*This article attempts to bridge the gap between practice (service delivery) and philosophy (trauma theory, empowerment, and relational theory). Specifically, it identifies 10 principles that define trauma-informed service and gives some characteristics of trauma-informed services in eight different human service areas. The areas include outreach and engagement, screening and assessment, resource coordination and advocacy, crisis intervention, mental health and substance abuse services, trauma-specific services, parenting support, and healthcare. This article includes the recommendation that individuals seeking services be integrated into the design and evaluation of services.*

**Fallot, R. D., & Harris, M. (2009). Creating Cultures of Trauma-Informed Care (CCTIC): A self-assessment and planning tool. Retrieved from the University of Iowa: <https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>**

*This planning tool aims to provide programs guidance on creating an organizational culture of trauma-informed care. It suggests that this can be achieved by incorporating an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery in all aspects of service delivery and the physical setting. Five key principles are identified: safety, trustworthiness, choice, collaboration, and empowerment. Trauma-informed services are designed specifically to be welcoming and hospitable for all individuals and are designed to avoid trauma-related dynamics that may be retraumatizing for those seeking services.*

**Harvey, M. R. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress*, 9, 3-23. doi:10.1002/jts.2490090103**

*This article presents an ecological view of psychological trauma and trauma recovery. The author notes that individual differences in the response to a traumatic event and recovery are the result of complex interactions among person, event, and environmental factors. Further, she purports that these interactions influence the interrelationship of individual and community and together may help or hinder individual recovery. The ecological model proposes a multidimensional definition of trauma recovery and suggests that the efficacy of trauma-focused interventions depends on the degree to which they enhance the person-community relationship and achieve "ecological fit" within individually varied recovery contexts. By addressing the social, cultural and political context of victimization and acknowledging that survivors of traumatic experiences may recover without benefit of clinical intervention, the model focuses on resilience, and the importance of community intervention efforts.*



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Hook, M., Murray, M., Seymour, A. (2005.) *Meeting the needs of underserved victims*. Office for Victims of Crime. Retrieved from [http://www.ojp.usdoj.gov/ovc/pdf/txt/underserved\\_victims\\_vdguide.pdf](http://www.ojp.usdoj.gov/ovc/pdf/txt/underserved_victims_vdguide.pdf)

*This 13-minute video and accompanying discussion guide provide insight into the challenges of service delivery. It focuses on the challenges encountered by underserved victims in accessing services, as well as those faced by service professionals in delivering comprehensive victim services. It focuses on five populations—those who are deaf or hard of hearing, American Indians, urban at-risk youth, immigrant women migrant workers and individuals who have physical disabilities..*

Richardson, J. I. (2001). *Guidebook on vicarious trauma: Recommended solutions for anti-violence workers*. Retrieved from <http://www.mollydragiewicz.com/VTguidebook.pdf>

*This guidebook highlights the unique experiences of anti-violence workers and identifies individual, equity, and organizational solutions to support them. It examines the response to vicarious trauma within certain communities and cultural groups and uses this information build solutions. It discusses the experiences of First Nations, Francophone, Disabled, and LGBT women and how their experiences may differ from mainstream groups. Additionally, this guidebook devotes time to addressing organizational solutions to vicarious trauma.*

Stenius, V. M. K., & Veysey, B. M. (2005). "It's the little things": Women, trauma and strategies for healing. *Journal of Interpersonal Violence*, 20, 1155-1174. doi: 10.1177/0886260505278533

*This article discusses the different ways that women recover and heal from traumatic violent experiences. The study upon which the article is based is part of the Franklin County Women and Violence Project and explores the healing experiences of 18 women who have histories of violence, substance abuse, and involvement in the mental health and/or substance abuse treatment system. Interviews used in the study suggest that while professional intervention can be beneficial, it may not be adequate and can even be retraumatizing. Additionally, the study demonstrates that the way services are delivered and individuals are treated may be more important than the actual service. The study suggests that it is not so much what people do to help, but how they do it.*



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**Wasco, S. M. (2003). Conceptualizing the harm done by rape: Applications of trauma theory to experiences of sexual assault. *Trauma, Violence, & Abuse*, 4, 309-322.  
doi:10.1177/1524838003256560**

*This article highlights the limitations of trauma response models to characterize the experiences of individuals who are raped. Two primary problems with trauma response theories are identified. First, traditional concepts of trauma are too narrow to accurately capture the complexities of the experiences of sexual violence in a gendered society. Second, the symptoms emphasized by clinical applications of the traditional trauma model may overemphasize one sociocultural expression of distress at the exclusion of others. More ecologically grounded and culturally inclusive models are offered as alternatives to consider within the study of sexual violence. This article demonstrates the limitations of Western conceptualizations of trauma and encourages researchers and practitioners to expand notions of survivors' responses to painful events.*

### **Books and Additional Resources**

The following books and articles are recommended as additional reading resources.

**Curran, L. C. (2010). *Trauma competency: A clinician's guide*. Eau Claire, WI: PESI, LLC.**

*This book is for clinicians, as well as for clinician use with clients affected by trauma. By defining and explaining the current trauma paradigm-relevant theories and neuroscience, the author demonstrates its in-session clinical utility and applicability. Each chapter guides the clinician through trauma theory and practice, illuminating the HOW and the WHY of trauma treatment. Several worksheets and handouts are included for duplication.*

**Harris, M., & Fallot, R. D. (Eds.). (2001). Using trauma theory to design service systems. *New Directions for Mental Health Services*, 89. San Francisco, CA: Jossey Bass.**

*Mental health practitioners are becoming increasingly aware that they are encountering a very large number of men and women who are survivors of sexual and physical abuse. This volume identifies the essential elements necessary for a system to begin to integrate an understanding about trauma into its core service programs. The fundamental elements of a trauma-informed system are identified and the necessary supports for bringing about system change are highlighted. The basic philosophy of trauma-informed practice is then examined across several specific service components: assessment and screening, inpatient treatment, residential services, addictions programming, and case management. Modifications necessary to transform a current system into a trauma-informed system are discussed in great detail as well as the changing roles of consumers and providers.*



## Sexual Assault DEMONSTRATION INITIATIVE Enhancing Sexual Assault Services

**Harris, M. (1998). *Trauma recovery and empowerment: A clinician's guide for working with women in groups*. New York, NY: The Free Press.**

*This guide serves as a resource for mental health professionals working with women whose lives have been affected by the trauma of sexual, physical, or emotional abuse. The principles set forth are based on Maxine Harris's groundbreaking work with many historically underserved trauma survivors, including women who have been incarcerated or institutionalized, and those with histories of drug addiction, serious mental illness, and/or homelessness.*

*The detailed treatment presented in Trauma Recovery and Empowerment is based on the author's belief that symptomatic behavior often begins as a survivor's response to overwhelming trauma. Part One of the intervention focuses on empowerment and wellness issues designed to help women overcome feelings of victimization. Parts Two and Three of the manual focus on emotional, sexual, and physical abuse and the far-reaching impact such trauma has on their relationships, emotional stability, and careers. Leaders are guided through the intervention with specific discussion questions, a sampling of typical responses, and experimental exercise for each topic. The manual concludes with step-by-step procedures for tailoring the intervention to specific populations.*

**Herman, J. (1992). *Trauma and recovery*. New York, NY: Basic Books.**

*When Trauma and Recovery was first published in 1992, it was hailed as a groundbreaking work. In the intervening years, Herman's volume has changed the way we think about and treat traumatic events and trauma victims. In a new afterword, Herman chronicles the incredible response the book has elicited and explains how the issues surrounding the topic have shifted within the clinical community and the culture at large. Trauma and Recovery brings a new level of understanding to a set of problems usually considered individually. Herman draws on her own cutting-edge research in domestic violence as well as on the vast literature of combat veterans and victims of political terror, to show the parallels between private terrors such as rape and public traumas such as terrorism. The book puts individual experience in a broader political frame, arguing that psychological trauma can be understood only in a social context. Meticulously documented and frequently using the victims' own words as well as those from classic literary works and prison diaries, Trauma and Recovery is a powerful work that will continue to profoundly impact our thinking.*



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**Saakvitne, K. W., Gamble, S., Pearlman, L. A., & Lev, B. T. (2000). *Risking Connection®: A training curriculum for working with survivors of child abuse*. Brooklandville, MD: Sidran Institute Press.**

*Risking Connection® is a training curriculum that teaches a relational framework and skills for working with survivors of traumatic experiences. The curriculum focuses on the concept of using the relationship as a vehicle to healing for survivors and on self-care for service providers.*

**van der Kolk, B. A., McFarlane, A. C., & Weisarth, L. (Eds.). (1996). *Traumatic stress: The effects of overwhelming experiences on mind, body, and society*. New York, NY: Guilford Press.**

*This book presents influential theory and research on posttraumatic stress disorder (PTSD). Together, the leading editors and contributors comprehensively examine how trauma affects an individual's biology, conceptions of the world, and psychological functioning. Key topics include why certain people cope successfully with traumatic experiences while others do not, the neurobiological processes underlying PTSD symptomatology, enduring questions surrounding traumatic memories and dissociation, and the core components of effective interventions. A highly influential work that laid the foundation for many of the field's continuing advances, this volume remains an immensely informative and thought-provoking clinical reference and text.*