

CREATING TRAUMA-INFORMED SERVICES: TIPSHEET SERIES

Practical Tips for Increasing Access to Services

Domestic violence, lifetime abuse, and trauma can significantly impact a person's mental health and well-being. Experiencing abuse can affect how a person feels, thinks, and interacts with the world. Sometimes, trauma-related mental health symptoms improve with increased safety and support. Other times, the mental health effects of trauma may be long-lasting or may develop into a psychiatric disability. People with a psychiatric disability are at a greater risk for abuse and may also experience an exacerbation of symptoms as a result of being abused.

As advocates, we know that survivors come to our programs with many diverse needs. We can take steps to ensure that our program is accessible to all survivors, including survivors who are experiencing the mental health effects of trauma or psychiatric disability. Think about how your services might be experienced by someone who has experienced trauma. Remember that abuse can affect how a person feels, thinks, and interacts with the world.

Ask yourself...

1. How might this make someone feel? What are some ways that I can support survivors to manage feelings?

Describe common effects of trauma and domestic violence on feelings; reassure her that she's safe and that she's not alone; **offer calming words**, deep breathing, and **other grounding techniques**; describe things that I am doing to help keep her safe; have flexible policies about locks and lights; work with her to redirect energy; **offer calming distractions or diversions**; discuss the impact of past impulsivity; help her to understand, anticipate, and plan her response to future triggers; **keep her company**; remain calm myself; reassure others; ask what matters to her; ask about hopelessness; don't blame her.

Additional strategies I can use...

2. Is information provided in ways that a person can understand easily? Are choices offered thoughtfully? What are some ways that I can support survivors around thinking, processing, planning, and energy level?

Remember that she guides the speed of the discussion; be willing to present information slowly; **simplify choices**; explain clearly; be willing to repeat myself; ask about disturbing or unwelcome thoughts; **reduce excess stimulation**; ask about suicide; offer realistic options; offer my realistic optimism; don't challenge unrealistic beliefs but respond to the fear, worry, or distress; **break down plans into small steps**; pace schedule and expectations; have flexible programs and plans; offer breaks; **celebrate everyday accomplishments**; ask directly about sleep disturbance; offer an alarm clock or wake up calls.

Additional strategies I use...

3. How is she experiencing my interactions with her? How is she experiencing interactions with others? How can I support her around interacting with others?

Keep a respectful stance; **validate conflicting feelings**; affirm senses of urgency; **only promise what I can deliver**; be honest about personal and program capacities and limitations; be clear about your expectation of safe behavior; offer food, tea, and routine activities; **model values of mutual safety and respect**; offer breaks from the interaction; give space; remain engaged myself; notice when my feelings are getting in the way of the interaction and **take breaks for myself**.

Additional strategies I use...

For more information on the intersections of domestic violence, trauma, mental health, and substance abuse, contact the National Center on Domestic Violence, Trauma & Mental Health at (312) 726-7020, 312-726-4110 (TTY), or info@nationalcenterdvtraumamh.org.