

Q&A Summary:
***What Is Trauma-Informed Care and
Why Is it Critical in Health Care Today?***

Available On-Demand:
optumhealtheducation.com/trauma-informed-care-2018

Moderator: Cyrus Batheja, EdD, MBA, PHN, BSN, RN, National Vice President, Housing-Health Strategy, myConnections[™], UnitedHealthcare Community & State

Panel: Cynthia Muhlbauer, MA, LIMHP, Executive Director, myConnections[™], UnitedHealthcare Community & State; Rodrigo Olivares, MSW, National Clinical Care Director, Integrated Health & Social Services, myConnections[™], UnitedHealthcare Community & State; and Arthur Ortiz, CPC, LIMHP, Private Practice

1. What are the panelists' thoughts on eye movement desensitization and reprocessing (EMDR), brainspotting and biofeedback?

Since 2013, EMDR therapy has been one of two trauma therapies recommended by the World Health Organization for children, adolescents and adults (the other is trauma-focused cognitive behavioral therapy [CBT]). I (Cynthia Muhlbauer) trained in EMDR in 2009 and used it extensively in my practice. When the protocols are followed carefully, I've found that people recover much more quickly from trauma injuries and frequently experience personal growth. One caveat: people with complex, chronic trauma often need preparation to be able regulate their emotions as they reprocess painful events, so EMDR may not be the initial therapy of choice in some circumstances. It meets requirements to be considered evidence-based trauma treatment. Biofeedback is showing a lot of promise as a potential treatment for trauma. Some studies report successful outcomes with less distress to patients when biofeedback is paired with types of exposure therapy, but it is not yet considered evidence-based trauma treatment. Brainspotting is a newer therapeutic technique. My understanding is that it builds on the idea that trauma is stored in the body and, by having people gaze in certain directions, it can help people access memories stored in certain locations in the body. It's an intriguing idea but not yet considered an evidenced-based treatment for trauma.

2. How do I go about finding a therapist who specializes in trauma therapy?

EMDRIA has a website that lists certified therapists:

<https://emdria.siteym.com/general/custom.asp?page=findatherapistmain>

Psychology Today has listings of therapists as well that they've vetted for professional qualifications. If you go to their website and enter your zip code and the type of therapist you are looking for, it will generate a list of therapists: <https://www.psychologytoday.com>

3. I have advocated for several years for the wide adoption of trauma-informed models of care and approaches. When will our own workplaces become trauma informed?

Trainings like this, and others that are designed to develop a highly-trained, trauma-informed work force, are important in building the infrastructure an organization needs to become trauma informed. Some parts of the organization may have been using these

concepts for a while, and for other areas it is a newer concept, so not everyone will be on the same page.

4. What are some resources for family/friends of someone dealing with posttraumatic stress disorder (PTSD)?

See the “Resources for Trauma Survivors/Families/Caregivers” at the bottom of this document for more information.

5. How often are kinship placements done? How are they accomplished?

The US Department of Health and Human Services Child Welfare Information Gateway website states that “kinship care is commonly defined as 'the full-time care, nurturing, and protection of a child by relatives, members of their Tribe or clan, godparents, stepparents, or other adults who have a family relationship to a child.' The relationship should be respected on the basis of the family's cultural values and emotional ties. There are many benefits to placing children with relatives or other kinship caregivers, such as increased stability and safety as well as the ability to maintain family connections and cultural traditions.” The website has extensive information on kinship placements, and an interactive interface that allows you to check specific information on a state-by-state basis. If you go to their website <https://www.childwelfare.gov/topics/outofhome/kinship> you will be able to get additional information, including who in your state to contact.

6. My nephew has PTSD and does not like being in large or noisy crowds; however, his wife seems to continue to push him to attend events with her. He appears to be accepting and attends with her. Do you feel there might be a long-term effect of her pushing him past his comfort level? Will he possibly become more comfortable as he is exposed to more of the things that make him uncomfortable? How can I help get him through this?

It's hard to see people struggle with the symptoms of PTSD. Your nephew is fortunate to have caring family like yourself. The presence of these supportive relationships makes all the difference in the world. So, you are already helping him! Difficulty being in crowds and having an exaggerated startle reflex are some symptoms of PTSD. I can't speak to the potential outcome of the situations you describe, as there could be a number of reasons they are doing this. For example, it could be part of a planned trauma therapy intervention. Being supportive of your nephew and his family and being willing to listen without judging or trying to fix are some of the best things that a person can do. If he wants to talk to you about what he's dealing with, listening to him with an open mind and desire to understand are tremendously healing. If he doesn't want to talk about it, respecting that boundary, finding other things that you and he enjoy in common and doing those together is another way to help healing.

7. I work with individuals who have intellectual disabilities. This has made finding a therapist more challenging as many do not know how to approach members with lower cognitive functioning. Do you have any suggestions?

Most therapists in private practice are signed up with *Psychology Today*. They maintain a website registry of therapists and their specialties, training and qualifications. Their website address is: <https://www.psychologytoday.com>. In addition, support groups in your area or nonprofits serving individuals with specific needs may have a therapist with the needed experience on staff or be able to tell you which agencies or nonprofits in your area have a therapist that would be a good match for the individuals' needs.

8. What are your thoughts concerning medications for PTSD?
Medication prescription is beyond the scope of my practice, so I rely on those who are qualified in this area for information. In 2013, the World Health Organization provided comprehensive guidelines on using medication to treat PTSD. If you go to their website, www.who.int, you will find great information, much of it designed to aid primary care providers in treating patients who have these issues.
9. What are your thoughts about telehealth as an option for individuals looking for someone with a particular background to help them when the local therapists do not meet their needs?
Telehealth is a great possibility for all to use; the question is about fit. Not all individuals will feel like this is the best approach to behavioral care, while others feel this is, in fact, a viable option. It's important for us to give our members the choice and several solutions when possible.
10. With telemedicine, what are the best practice approaches for individuals who have experienced trauma? Or do we believe that this is a medium which should be used?
Telemedicine is a tool that is used currently to help and treat individuals who may be experiencing trauma. Fit is of utmost importance since not all individuals feel comfortable with video or chat. A great strategy is to have an initial face-to-face meeting before starting with the telemedicine approach. It is also imperative to be able to fully recognize and distinguish the individual's nonverbal communication during a telemedicine session. Also, it is easy to be interrupted during a session on either side, so always be mindful of your office environment and ensure you have created space for the patient to feel safe and comfortable. It is also good practice to recommend for the patient to be in a safe environment as well, either at their home or office.
11. Working as a general nurse case manager, I connect with many people who are very overwhelmed with life situations. I do listen first but find that people do not know where to start. I try to empower and not 'solve' problems, but some people need help sorting out their priorities on where to start. Can you provide suggestions on how to gently sort priorities and help them find a starting point without 'solving' their issues?
It is important to acknowledge the fact that most of us don't always know where to start when speaking of issues, concerns or life problems with strangers. We always need to remember this is about the patient and not ourselves. There are many tools we can utilize to promote traction with our conversations. One strategy is that of motivational interviewing techniques in addition to a values card sorting technique. The card sorting technique is something we have used in practice to help provide some possibilities and identify what may be important or not in someone's life. This exercise can help facilitate a conversation about values and goals between you and the patient.
12. Patients often complain that during the first appointment with a counselor that nothing gets done except assessments. How do you reassure the individual that we need to continue?
This is true, and this is how the patient may feel. It is important to remind them of the journey and also listen to what they may want to accomplish within treatment. We are fast to assess through documents and transactional tools, but it is important to allow individuals to express the reason for being present and also what they want to see come out of the sessions/meetings.

I have had clients tell me that as well in first meetings. One thing I've found helpful is to ask people at the beginning what support they were interested in from me and to spend a few minutes exploring this. Then I ask if they feel comfortable enough with me to work on some things so that I can meet their expectations. As we fill out paperwork (which I try to get done before we meet as much as possible), I try to make connections between what I'm asking and why this benefits the person. As much as possible, I ask them questions they can answer at length, like what their parent's jobs were growing up, what they liked/didn't like about school, their favorite place to go growing up etc. Many times their answers to these types of questions open the door for me to ask assessment questions in a way that feels to the person like we're having a conversation about their life (which we are) rather than a series of questions (which we are also doing). It takes time and experimentation to find your style and to learn to match the different rhythms of your clients, but my experience is that the more I do this, the more likely the person is to come back for their next appointment.

13. What suggestions might there be to address the barriers in accessing behavioral health care resources when insurance plans are so limited?

There are many resources in our community outside of "insurance plans." I would suggest a cheat sheet of local resources that you can have on demand when a question comes up, not just about behavioral health, but also about any other social need to include food, transportation, housing, etc. I suggest you contact your local 211 agency and also look at local, county or state resource manuals and simplify the information in an easy-to-read tool for use with patients.

That depends on what the limitations are. If it's a limitation of providers in an area, there are some good telehealth therapy programs people could access, and additional resources such as support groups. If it's the number of appointments insurance will pay for, then as a provider, I would file an appeal for additional sessions, and make the case of medical necessity for additional appointments, if they were needed.

14. How do you start the conversation with a new client about life trauma without pushing them away?

Get to know the individual and let the individual guide the conversation. Do not push the conversation to get to where you want to be, but rather allow the patient to take you on their journey. It is also important to utilize a motivational interviewing method of practice that includes: 1) express and show empathy toward the patient, 2) support and develop discrepancy; 3) deal with resistance; 4) support self-efficacy; 5) develop autonomy.

15. Can you please comment on the body keeping the score and unconscious perceptions?

The Body Keeps the Score, by Bessel Van Der Kalk, is a seminal work that many clinicians reference when doing trauma treatment, and I would recommend it for anyone who is trying to get a better understanding of how trauma affects us. His observations about the reactions of traumatized and nontraumatized children to the Thematic Apperception Test gives great insight into people's unconscious perceptions and how these perceptions affect how we perceive our world and respond to it.

16. Once we determine that an individual is struggling with trauma, what can we do to help them develop greater resilience going forward?

When we have determined someone is struggling with trauma, we want to be able to identify what that struggle may be and how is it affecting their day-to-day daily living activities. We want to be able to respond in a trauma-informed manner that is sensitive

to the traumas the individual may have experienced. Please review and study SAMHSA's six key principles to a trauma-informed approach at <https://www.samhsa.gov/nctic/trauma-interventions>, which include:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical and gender issues

17. Are there levels or layers of trauma healing, and how can new trauma affect old trauma?

This is such a rich question in so many ways. Yes, there are absolutely layers of trauma, and that is one of the things that can be so frustrating for people who are healing. They work hard, do a lot of healing and are feeling better, doing things in their life they've never done before. Then something happens that causes them to see what happened to them from another angle or they remember another painful event or a new event happens that adds to pain they've already had. There are times that happens to people and they need time to come to grips with it. I hear a lot of people say, "But I already dealt with that! Why is it coming back now?" People first of all need support and to be heard on how they feel. It helps to make a comparison to body injuries. If I ask them to compare this injury to a wound on their body and describe what the equivalent would be, the comparison with something more familiar helps to give a different perspective. One comparison I often use is one a client gave me years ago, that of getting hit on an already bruised area. Of course that hurts more than if you got hit on an area that hadn't already received an injury. Then I reassure them that how they're feeling is part of their natural process of healing, that the mind and body want to be completely healed, not leave a wound left open. Then we talk about what support they need and how to get those needs met in order to heal.

18. Will you speak on an entire community that is constantly immersed in violence, homicide and resulting trauma for the entire community?

When bad or scary things happen, we have traumatic reactions. Traumatic reactions are fight or flight reactions. This reaction, and the way traumatized people and communities retreat into survival mode, doesn't protect us as we think it will. It only starts the downward spiral into things getting worse. Our worlds shrink, and we become more afraid. And the more afraid we are, the easier it is to demonize the people we see as responsible for the problems. Who wouldn't when we see the damage they do and the hurt they cause. But if we do, we trap ourselves in the cycle of anger, vengeance and revenge, division and destruction that tears our world apart, uses up scarce resources and makes us more vulnerable. It causes us to fear each other and to withdraw from the relationships that are the source of our strength and our healing. And the more we fear and shut ourselves off from each other, the worse it gets.

The good news is that it doesn't have to be this way! We don't have to do that. Human beings are social animals. The reason we've been a successful species is that we have the ability to cooperate and to work together towards a common goal. Unhealed trauma has a negative effect on that ability. But we can restore it. Each of us has the power to do that, at least within ourselves, and with the people we interact with. My dad was a farmer and when people would complain about the condition of somebody's farm, he'd

shrug and say, “All a person can do is tend their own fields and mend their own fences. It may not seem like much, but it’s everything.” To me, that spoke to the power of 1, the power of “I” to make what I would of the world. And I think, what can I do when I see the pain around me? What can I do, no matter how small, no matter what courage it takes, to do that one thing? And then the next thing and the next.

19. Do you employ motivational interviewing techniques in your approach to therapy?

Yes, this is an important part of our work. We believe that motivational interviewing unlocks relationships and builds trust. Personally, I appreciate Carl Rogers' work around optimistic and humanistic theories. He looked at people's capabilities for exercising free choice and changing through learned experience. This creates a therapeutic/caring relationship and a democratic, patient-provider partnership. Rogers explains that our role in motivational interviewing is focused on a goal of supporting self-motivational statements and behavioral change from the patient (Miller and Rollnick, 1991). Below are the five principals of motivational interviewing that I hope will help.

The clinician practices motivational interviewing with five general principles in mind (Miller and Rollnick, 1991): 1) express empathy through reflective listening; 2) develop discrepancy between clients' goals or values and their current behavior; 3) avoid argument and direct confrontation; 4) adjust to client resistance rather than opposing it directly; 5) support self-efficacy and optimism.

Finally, as a nurse myself, I found the following book to be helpful in applying what I described above: *Motivational Interviewing is a Way of Being with a Client, Not Just a Set of Techniques for Doing Counseling* (Miller and Rollnick, 1991). I recently visited an amazing health delivery system in Alaska (NUKA) to study their care model. Interestingly, they consider and refer to their patients as customer-owners. This mentality created a deeper level of respect for the patients.

Yes, motivational interviewing is a wonderful tool. I like the person-centered approach and focus on finding out what the person wants, then helping them resolve the ambivalence that prevents them from making changes they want to make. I am careful when using stages of change. I think it takes a lot of training, supervision and experience to apply this concept as it was meant to be used. Attribution errors are easy to make, when we decide that someone is in a particular stage and we attribute their actions as being internally driven rather than a result of the circumstances they're currently in or a reaction to the person they're currently working with. Also, stages of change can only speak to how the person is at the moment that you are working with them.

20. Can you provide me with any evidence-based therapies or interventions for patients with adverse childhood experiences (ACEs)?

See above statement. Also, why do you believe we have so many physicians with little knowledge of the long-term effects of ACEs since the ACEs study was published almost 20 years ago? This is part of *The American Healthcare Paradox* (Bradley and Taylor, 2013). Through this lens, it is evident that the US has been focused on underutilizing social services. Based on the data, I believe that, because ACEs grew out of the social work paradigm, it has not penetrated in the same way as medicalized models. The book, might be of interest to you. It describes how social services—or the lack of them—can directly impact health.

EMDR and trauma-focused CBT are both recognized by the World Health Organization as evidence-based for people of any age. I am not sure why physicians may not have the information about ACEs. The ones I've talked to get fascinated quickly with the implications and usually start talking about things they've seen in their practice that make sense when you add information about ACEs. Possibly the way that treatment for behavioral health and physical health have been divided over the years is a reason for the lack of knowledge dissemination. If so, as we start to integrate these more, I think there will be a positive change in this area.

21. Is therapy enough or does medication have to come into play due to changes in their brain, especially with PTSD?

We believe that the best approach is to engage in an interdisciplinary approach that involves bringing several providers together. Please note that I am not an expert in PTSD but have had exposure to PTSD therapy or pharmacology as a behavioral health nurse. I would recommend speaking with a licensed psychologist/psychiatrist about this question for more details.

Excellent question. Research generally supports the use of both medication and therapy in a combination as the most effective treatment. I know from my practice, medication can help people get better control of and suffer less from symptoms so that therapy can be more effective. I've seen some people eventually need less medication or who no longer need medication entirely, and I've seen people who remain on a high maintenance dose. So much depends on the needs of the individual that I don't believe there is one right answer. There is only the answer that works best for the person.

22. Any ideas for dealing with PTSD in dementia patients who relive trauma?

There are therapists who specialize in gerontology and who are trained in trauma treatment. I would go to the *Psychology Today* website, <https://www.psychologytoday.com>, and look for providers with these specialties.

23. How can we as providers help ourselves to interact better with our managers/supervisors when we have a history of trauma/PTSD?

Personally, my life experiences inform my work and give me focus. More specifically, I see my past as part of my current mission. In many ways, my past trauma has helped me to take on the work and align with the patients that I serve. All people may not be comfortable sharing details of trauma, but as a leader it is helpful to share perspectives with your team. If you are comfortable telling a personal story, that can be inspirational.

This question gets to the heart of so many things. Power imbalance makes it hard for people to do the things that they normally can do to help themselves heal from traumatic reactions. And it also depends on how severely the past trauma interferes with their current ability to build a relationship with their manager. The manager's personality also plays a role. I recommend sitting down first and doing a self-inventory about these parts of the situation and any other important facets. Where are the triggers, and what are they? What is just a normal part of a manager/direct report relationship, and what is truly an issue? What are my needs? What are my manager's expectations? Where are my concerns about meeting the expectations? How realistic are my concerns? If they are realistic, what are my options for handling this? A lot of times, this can resolve a great deal for a person. And if a person gets stuck, if they have a good friend they trust (I would not recommend a work friend for this), they can go through the list with them and get perspective. If the person remains stuck, a therapist can help.

24. My daughter was molested by my stepfather. Although she's not showing any alarming behavior, I would like to know how we, her parents and siblings, can support her better throughout her growth. She's 14.

This is a very personal situation, thank you for sharing. I am not an expert in this type of trauma and the related therapy. It is important that you immediately report any suspected physical and/or sexual abuse, especially of a minor. This would involve local law enforcement. Beyond that I would recommend speaking with a local licensed professional (psychologist) about her care and therapy. This contact could be made through your PCP.

When I worked with children who'd been molested, I was struck by how often they said that not being believed, or having their experience minimized or not talked about, was worse than the actual abuse. From your openness, I'm gathering that you have been supportive of her and that makes all the difference in the world. Keep on doing that. You probably know these things already, but just on the off chance that I might add something new, here is a short list of some things people can do:

- Let her know that IT WAS NOT HER FAULT, NOT HER FAULT, NOT HER FAULT. By the way, it wasn't yours, either! No one is at fault except the person who did this. Period. Repeat as needed. And it will be needed a lot, especially as she gets older and completes different developmental stages
- Be interested in her life, in the things she does and what her dreams are, so that when she wants to talk to you about this, and she will, the way is already open and talking to you about what's important to her is a habit
- Tell her you love her. When she worries, tell her it's normal, you are there for her, and she is OK
- When she's old enough to go on dates, never allow a person she dates to disrespect her. Set a few bottom line rules about dating in advance and stick to them. As parents, don't be afraid to tell her date to leave, or tell her she can't go with someone, if you see behavior that concerns you. Knowing that she's valued will make a world of difference in how she interacts with her world.

25. Any suggestions for the best type of therapist for teens experiencing trauma from recent events at high schools in the Omaha area? I have a teen that is leaving the school in the middle of the day due to fear of being attacked or shot at school. He will just take off and drive himself home.

There are a lot of good therapists who can help with this. You are welcome to contact me if you want a list of names. If you go to the *Psychology Today* website or the EMDRIA website and put in your zip code, you will get a list of all the therapists in the area who could be helpful to your teen. On another note, would you be willing to consider asking your teen if they're interested in some good self-defense courses to help build self-confidence and self-efficacy? Not only is this an important life skill, this is an excellent way to move from the powerless traumatic reaction response to one of an internal locus of control. The traumatic reaction comes from that feeling of powerlessness, the inability to either leave a situation or fight it, so the more skills and supports a person has to take care of themselves, the more their natural self-healing can occur. These classes are also a great place to find mentors and make friends who provide a whole other level of support, confidence and connection. Research shows us that only 40% of a person's healing occurs in treatment. The other 60% occurs in their daily life.

26. I am a nurse. What steps would you suggest to take to be able to start getting involved and supporting with trauma?

The medical community talks about the ABCs of standard precautions. A concept that's starting to gain ground is the idea that trauma-informed care is not a standalone. It can and should be income standard care. So after the ABCs of standard care, the thought is look at the DEFs:

Reduce Distress

Emotional Support

Remember the Family

Complete resources, including printable pocket cards for providers can be found at: <https://www.healthcaretoolbox.org>

If you have questions regarding this document or the content herein, please contact: moreinfo@optumhealtheducation.com.

Resources for Trauma Survivors/Families/Caregivers

For medical professionals working with children and families experiencing trauma: After the ABCs, think about the DEFs:

Reduce **D**istress

Emotional Support

Remember the **F**amily

Complete resources, including printable pocket cards for providers, can be found at the link below: <https://www.healthcaretoolbox.org>

They also have wonderful additional resources for parents and care givers, as well as quick reference. Below is an example of information to share with parents/caregivers so they know to pay attention and talk to their pediatrician if they observe the following:

- **Young children** might wet the bed or suck their thumb. They might have nightmares or temper tantrums
- **School aged** children may feel the assault/neglect/ injury or illness is their fault. They are likely to use their imagination to fill in what they do not understand
- **Teens** may try to act more grown up or cover up their feelings. They may feel self-conscious or upset about “not fitting in” with their friends
- **Parents** may feel “on guard” or be overprotective. They may have a short fuse, trouble eating or sleeping and get upset at seeing their child in pain or discomfort. Most parents will feel overwhelmed about caring for their child’s emotional/medical needs as well as the needs of other children/spouse/family. They may worry in private that their child might die, but may not want to share their worries with anyone.

National Resources for Sexual Trauma Survivors:

Psychology Today

You can use the [Psychology Today support group search](#) to find sexual trauma support group therapy near you. Just go to their website, type in your zip code and a list of support groups in your area for all types of issues comes up.

For complete information on hotlines and call centers, click on the link below or copy and paste into your web browser.

<https://greatist.com/live/sexual-assault-survivor-resources>

Hotlines and Call Centers

Anti-Violence Project

212-714-1141

The Anti-Violence Project (AVP) offers free, bilingual (English/Spanish), 24-hour-a-day, 365-days-a-year crisis intervention and support to LGBTQ and HIV-affected survivors of any type of violence, as well as to those who love and support survivors, including those who have lost a loved one to violence.

ChildHelp

1-800-422-4453

ChildHelp runs the National Child Abuse Helpline, and they can be reached 24/7. They talk to people of all ages who have experienced parental abuse and can help you report instances of child abuse. They also provide resources for prevention, intervention and treatment.

Darkness to Light

1-866-FOR-LIGHT (866-367-5444)

Darkness to Light offers local information and resources about sexual abuse. You can also text 'LIGHT' to 741741 for crisis support with a trained counselor. These services are available 24/7, free of charge, and are confidential and will be answered by a trained information and referral representative. Helpline availability varies according to state and call center. Darkness to Light also has resources for reporting child sex abuse and human trafficking.

Day One

800.214.4150

If you're 24 years old or younger and have experienced sexual trauma and/or domestic violence, you can call Day One's free and confidential hotline, available in English and Spanish, or text 646-535-3291 to ask for help and resources. They provide additional services for lesbian, gay, bisexual, transgender/gender non-conforming, queer, and questioning youth who are struggling with intimate partner abuse, as well as legal services.

If you live in New York, you can also use Day One's Direct Services Program, which provides free and confidential counseling, case management, legal advice, information, and direct representation.

loveisrespect

1-866-331-9474

Loveisrespect is a project of the National Domestic Violence Hotline and Break the Cycle, and it is a fantastic resource for advice and info on healthy dating. Its mission is to empower youth and young adults to prevent and end abusive relationships. Peer advocates can be reached 24/7 via phone, online chat, or text ("loveis" to 22522). They offer help for safety planning, support systems, self-care, abuse on campus, calling the police, documenting abuse, and obtaining a restraining order. They offer guidance for LGBTQ survivors and undocumented survivors as well.

The National Center for Victims of Crime

1-855-4VICTIM (1-855-484-2846)

The center's VictimConnect Resource Center is a place for victims of any crime nationwide to learn about their rights and seek out resources including legal aid, advocacy and treatment.

National Domestic Violence Hotline

1-800-799-7233

The National Domestic violence hotline is free, confidential and available 24/7/365 in English and Spanish. On the website, there's a chat function that's also available all day, every day, as well as a wealth of resources with info for state coalitions, counseling services, shelters, and legal aid. There's also a library of articles about healthy relationships, boundaries, recognizing abuse and talking to teens about domestic violence.

RAINN

800.656.HOPE (4673)

RAINN, the Rape, Abuse, & Incest National Network, is the nation's largest anti-sexual violence organization and operates the National Sexual Assault Hotline, which is free, confidential, and available 24/7/365 in English and Spanish. RAINN works in partnership with more than 1000 local sexual assault service providers across the country and operates the DoD Safe Helpline for the Department of Defense.

RAINN also carries out programs to prevent sexual violence, help survivors and help bring perpetrators to justice. You can call RAINN for guidance and resources during a crisis (though call 911 if it's an emergency), after recent sexual trauma or to talk about sexual trauma that happened long ago. They can help you find support groups, group therapy, individual counselors, legal aid, emergency shelter, medical attention/accompaniment, crime victim assistance advocacy and a number of other services in your area. You can also chat online with a counselor at hotline.rainn.org.

Safe Horizon

1-800-621-HOPE (4673)

Safe Horizon has a free, 24/7/365, confidential national hotline in English and Spanish for domestic violence survivors; rape, incest, abuse, and sexual assault survivors; and victims of other violent crimes. Counselors are available to talk about your situation (whether it's recent or not), as well as help you figure out the next steps, whether that's in the form of counseling, legal aid, safety planning or finding a shelter. They can also help you find in-person counseling, group therapy, legal aid, and other resources, and if you are based in New York, you can receive in-person services at their offices in Brooklyn and Harlem, by appointment.

Shelters, Counseling, and Support Resources

Abused Deaf Women's Services

The Abused Deaf Women's Services (ADWAS) community links page offers a good list of services and centers all over the country to help deaf and/or deaf-blind people who have experienced abuse, as well as information about domestic violence, abuse and recovery, as well as inspiring survivor stories.

ADWAS is based in Seattle, Washington, and if you're a local, you can attend the center for all kinds of services, including short-term crisis counseling, ongoing individual/family therapy related to domestic violence and sexual assault, group counseling related to childhood sexual assault and domestic violence, psychosocial assessments and evaluation of sexual abuse of children, client advocacy and referrals. They also have a local crisis video call hotline, 24/7/365, which you can reach at 1-(206) 812-1001 or via email at hotline@adwas.org.

Association for Behavioral and Cognitive Therapies

You can search for a qualified cognitive behavioral therapy (CBT) provider, an evidence-based method for treating PTSD, using their search engine, which can help you find someone in your area. The website also has great information on these therapeutic approaches, so you can learn more about treatments that might appeal to you.

Domestic Shelters

Domestic Shelters may be the most comprehensive database for folks seeking shelter from domestic violence. They've verified information on shelters and domestic violence programs across the country. This free service can help if you or a friend is suffering from physical, emotional, psychological or verbal abuse. They can help you find domestic violence programs based on your location as well as on your service and language needs.

Other services include "24-hour hotlines, service listings, and helpful articles on domestic violence statistics, signs and cycles of abuse, housing services, emergency services, legal and financial services, support groups for women, children and families, and more."

National Center for PTSD

This is a web resource with excellent information on PTSD, including the most effective treatments and what they entail. Although it's geared toward veterans, you don't need to be a vet to use it.

National Organization of Sisters of Color Ending Sexual Assault

SCESA has an excellent resources page for women of color looking for treatment centers and organizations dedicated to serving sexual assault survivors near them. The site also offers music, film, and book recommendations. SCESA is an advocacy organization working on policy change, collaboration with other social justice movements, community awareness and a number of other advocacy tactics.

Tiwahe Glu Kini Pi

This is a mental, emotional and spiritual health resource center for the Lakota nation, particularly for men, women, and children who have experienced trauma. They offer a number of different programs and services in service of Lakota traditions and wellness.

The Breathe Network

The Breathe Network connects sexual trauma survivors to practitioners who offer sliding-scale, trauma-informed, holistic healing arts and support, including acupuncture; massage and cranial-sacral massage; somatic therapy; sound healing; yoga, hypnotherapy; dance, art, music, and color therapy; feng shui; Rolfing; and EMDR.

They offer a range of information for survivors of sexual violence related to understanding how the holistic healing arts can facilitate healing. They also have a helpful list of emergency resources available both over the phone and online, as well as recommended organizations and books for those pursuing alternative healing arts to complement their trauma recovery. These resources also benefit those who support survivors, whether as friends and family, or as healing arts practitioners.

Animal Therapy for Trauma Survivors

Assistance Dogs International

Assistance Dogs International is a coalition of nonprofit assistance dog organizations that help individuals find a dog to match their needs.

Alliance of Therapy Dogs

Alliance of Therapy Dogs is a national therapy dog registry and can assist those in certifying their potential therapy dog.

EQUUSOMA Equine Facilitated Trauma Therapy

If you like horses, even if you've never touched one, this might be an interesting approach to take. (If nothing else, you get to hang out with a horse, after all). Inspired by the far-reaching branches of Dr. Peter Levine's approach to somatic therapy and trauma recovery, EQUUSOMA works with human clients in equine-facilitated interventions to guide equine-based activities and facilitator interactions so that they don't inadvertently overwhelm or retraumatize clients.

Horses have a complex nervous system, much like humans, and are very sensitive to their human partners, so working with horses allows the participants to be more aware of both their reactions and the horse's. The idea is to stay with the experience; care for yourself and the animal; and integrate that compassion, healing and self-awareness.

Survivor Art and Art Therapy Sites

Art Therapy Blog

Art Therapy Blog is full of articles and resources for art therapy for adults and children, and specialized projects and research for a number of audiences ranging from trauma to autism. If you're interested in research and projects, you can try these yourself or with a counselor, therapist or group.

Last Battle

Founded by Mary Ellen Mann, author of *From Pain to Power: Overcoming Sexual Trauma and Reclaiming Your True Identity*, Last Battle is a creative space for sexual trauma survivors to share their artwork, stories and poems in the site's gallery.

There is also a blog for inspiration and recovery, Mann's keynote speeches and talks, and a page of "ideas for living well" filled with advice for advocacy, recovery and support. The site has a Christian slant and uses the metaphor of the princess warrior to explore recovery. It also includes exercises and articles on meditation and women's empowerment.

Online Chat and Online Peer Support

1in6

1in6 is a resource for men who have experienced unwanted or abusive sexual experiences. They offer recovery information for men, men's stories of trauma and recovery, 24/7/365 online chat support with trained advocates through their website, and anonymous online support groups facilitated by a professional counselor. Support groups meet every Monday and Wednesday.

Forge (Trans)

Forge is a Milwaukee-based organization dedicated to advocating for and protecting the lives of transgender/non-binary people and their loved ones. If you are a trans survivor of sexual violence, domestic violence, dating violence, stalking, or hate violence, you can email AskFORGE@forge-forward.org or call their hotline at (414) 559-2123 for information, resources, and referrals to providers in your area. Forge's website also offers a peer support listserv, online Writing to Heal courses, conferences, and workshops.

Male Survivor

Male Survivor is a collection of resources and articles for men who have experienced sexual trauma, as well as a forum for men to discuss trauma and recovery. Resources include a

therapist directory to help find therapists who specialize in treating male survivors of sexual trauma; a support group directory; peer support guide; male survivor forum; resources directory; healing events; and the HopeHealingSupport Team, who are available by email to answer any questions survivors may have.

National Sexual Violence Resource Center

The NSVRC offers up-to-date research and resources on sexual-violence recovery, including news, projects, special collections, publications, and a library. They also offer a very helpful database for survivors seeking help in the form of individual or group counseling, support groups, community outreach, advocacy, and more.

"NSVRC enjoys a strong partnership with state, territorial, and tribal anti-sexual assault coalitions and national allied organizations. This online directory highlights those organizations and projects working to eliminate sexual violence." You can search by state to locate resources near you.

Protect Our Defenders

Protect Our Defenders (POD) is the only national organization solely dedicated to ending the epidemic of rape and sexual assault in the military and to combating a culture of pervasive misogyny, sexual harassment, and retribution against victims.

POD supports survivors of military sexual assault and sexual harassment, including service members, veterans, and civilians assaulted by members of the military. Resources include hotlines you can call, applications for free legal services, directories for local services, peer-to-peer support, resource libraries and forums.

Survivorship: for survivors of ritual abuse, mind-control, and torture

This resource is not a replacement for therapy, but rather an online space for survivors of a very specific kind of sexual abuse or trauma to share and validate their experiences with each other as peers.

Survivorship has yearly conferences and video resources. Membership access, which costs "\$75 down to what you think you can pay," will provide you with updates every other month with news of the organization, national events and news articles for survivors. Two times per year, you will receive their journal, which contains many articles, poems and artwork by survivors, therapists, family or friends of survivors and other supporters. You will also be able to use the members-only section of the website.

Survivors Network of those Abused by Priests

SNAP is dedicated to supporting survivors who have been abused by priests or other religious figures like nuns, religion teachers, or ministers. The organization is run by volunteers who help survivors find therapists specializing in religious abuse and sexual abuse in their area, as well as assistance in reporting abusers and finding legal aid.

SNAP also has a number of group therapy chapters, and you can use their directory to find one near you. They also have annual conferences for you to check out and a collection of survivors' stories and related news.

Always remember: it's people who heal people. You don't need to be a trained trauma therapist to make a difference. All you need is the ability to:

- Listen to the story without interrupting or trying to fix things
- Reassure the person that what happened to them was wrong and not normal. Their reaction to what happened IS normal, and anyone experiencing what they did would likely feel that way
- Ask: "How can I support you?"