



Holistic Healing Services for Survivors

SASP White Paper

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For survivors who are hesitant to receive individual therapy, support groups that incorporate a focus on holistic healing can be a doorway to beginning the healing process. Groups that use alternative healing modalities can give survivors support they need when individual therapy is not available or desired.

Laurie Graham, Orange County Rape Crisis Center

Until we understand that traumatic symptoms are physiological as well as psychological, we will be woefully inadequate in our attempts to help them heal.

Peter Levine, Author of Waking the Tiger and Healing Trauma

Introduction

Our growing understanding of the realities and complexities of trauma is leading us full circle back to sources of ancient wisdom about healing. In order to become trauma-informed, human service systems must thoroughly incorporate, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery (Fallot & Harris, 2009).

While traditional western approaches to addressing sexual assault, such as talk therapy and crisis intervention, remain critical services for many survivors, research and experience clearly demonstrate that healing sexual trauma must holistically include the mind, body, and spirit. As Peter Levine points out, efforts to address trauma that fail to recognize the physiological and non-verbal aspects of the survivor's experience will ultimately be unsuccessful (Levine, 2007).

A number of different terms have been used to describe approaches to resolving trauma that incorporate the mind, body and spirit. They include traditional healing practices; holistic healing approaches; integrative medicine; and alternative healing modalities. For purposes of this paper, we will use the term holistic healing approaches.

For many communities and survivors, traditional western approaches to healing have little relevance within their cultural context (D'Anniballe, 2011). For these programs and communities, more holistic, culturally relevant approaches may be in keeping with long-held traditions and not viewed as new or different. We must protect and support communities' access to more culturally relevant and holistic pathways to healing.

While some rape crisis centers have integrated holistic healing approaches into their offerings for survivors or focused their services on culturally relevant traditional healing practices, others have not. Like all services at a rape crisis center, the incorporation of holistic healing approaches must consider the necessary elements of

trauma-informed services: safety, trust, choice, control, collaboration, empowerment and cultural relevance. Additionally, as with any other service, there are key considerations related to ethics, boundaries, training and certification for practitioners of holistic healing approaches and/or culturally-specific practices. This is true whether the practitioner is an employee or volunteer of a rape crisis center or member of the larger community, and this paper will explore these various considerations.

The recent addition of the Sexual Assault Services Program (SASP) funds at the federal level marks the first dedicated allocation of funding for services to sexual assault survivors. SASP funds can be used by local programs for direct intervention and related assistance. This includes the holistic healing approaches described in this paper, whether they are provided in individual or group context, and culturally appropriate support services. SASP funds can be used to support work with children and adults, people of all genders and sexual orientations, and survivors of all types of sexual violence, no matter when the sexual violence occurred.

Local programs who are interested in beginning or expanding services based on holistic healing approaches for survivors will find support for their efforts in the "Why Holistic Healing" section, draw inspiration from the work highlighted in the "Voices from the Field" section, and, more concretely, find some crucial steps to incorporate various healing approaches in the "Working Together" section.

Why Holistic Healing?

A growing body of research in neurobiology has improved our understanding of the neurological and physiological changes caused by trauma. There is clear evidence that trauma changes the brain, but that the brain—with love and support—can heal. In brief, trauma leads to fragmentation of memories and deregulation of the autonomic nervous system and limbic system (two important systems in the brain that regulate reaction to fear and trauma). For a more in-depth explanation of neurobiology and trauma, see the Resource Sharing Project

Trauma affects survivors in many ways, so we must be able to respond to a multiplicity of needs with a variety of healing paths.

website for Janine D’Anniballe’s presentation from the 2011 SASP National Forum entitled [“The Psychobiological Effects of Trauma: Implications for Healing”](#) and also consider viewing a National Institute of Justice Research for the Real World webinar by Rebecca Campbell entitled the [“Neurobiology of Sexual Assault.”](#)

Emotion and memory live in the body as well as the brain, and holistic healing approaches help to heal and empower the whole person. They move beyond cognitively processing the trauma and into building skills for self-regulation, reconnecting with the body, connecting with others, and learning basic techniques for relaxation. Meditation, yoga, and art and music therapies can help the brain to process traumatic information, in-

cluding intrusive memories. Moreover, many of these techniques teach us—survivors and advocates alike—to connect with ourselves in positive, nourishing ways. Movement, energy work, and connection with plants and animals help to bring survivors back into their bodies, to interact with the world around them, to tell their stories in a language other than spoken words, and to begin to trust others again. Sandy Hardie with ASTOP in Wisconsin, a program that provides equine assisted therapy, spoke of equine therapy as “providing a setting for self-discovery that is not the typical sitting in a circle and processing emotions.” It allows survivors to “not feel so self-conscious.”

Local programs interviewed for this paper spoke again and again of choosing to offer these alternative healing modalities because they are trauma-informed organizations. They spoke of believing that these options are directly in line with feminist theory or with the empowerment model. For some programs, the most significant factor was that typical rape crisis center formats were not culturally appropriate for the survivors they serve. Programs have found that survivors who are uncomfortable with or express a lack of interest in talk-based work have flourished in an art- or movement- based formats. These approaches appeal to survivors who might otherwise not choose to seek out individual services or a support group. For survivors who have engaged in cognitive or talk-based work with counselors or advocates, body-based work can bring new depth to their healing and inner resilience.

Building Partnerships with Providers

Holistic healing approaches can be incorporated into the work of rape crisis centers in a wide variety of ways from simple community referrals to in-house practitioners to culturally specific programs that focus mainly on traditional healing practices. Let's explore some of the possible approaches as well as potential safeguards that, as with any service or referral, need to be in place to protect survivors.

Community Referral	Community Collaboration	In-House Expertise
Basic referrals	Contracting with providers	Existing staff and volunteers have expertise
Reciprocal referrals	Co-hosting public events or workshops	Building in-house expertise among staff
Sponsored referrals	Co-facilitated groups or workshops	Hiring someone with expertise

Community Referral

Local programs already maintain lists of good referrals for survivors for medical care and mental health services; they might consider adding providers of holistic healing practices such as yoga, midwives, body-centered therapists, horse stables, dance studios, art programs and others. As with any other type of referral, programs should have a process in place for screening potential referrals. Remember that criminal background checks, which can be a helpful starting place, do not in and of themselves guarantee that a practitioner is not an abusive person or will provide a safe and healing environment for a survivor. A thorough screening process might also include verifying professional credentials, and word of mouth from other trusted sources. It could also include conversations about philosophy, understanding of sexual assault dynamics, boundary-setting, triggering and confidentiality among other factors.

In something that we might call a sponsored referral, a holistic healing provider could offer free spaces to survivors referred from a sexual assault program, or a sexual assault program might pay for spaces in a class or workshop for survivors. This referral relationship may become reciprocal, so that holistic healing providers have the program's crisis line and informational materials available, or might directly refer survivors to the local sexual assault program. The stronger the referral relationship, the more sense it makes for the sexual assault program to diligently assess the appropriateness of the holistic healing provider for survivors. If the sexual assault program will have strong working relationship with a holistic healing provider, it may be a good idea to ask the provider to complete the sexual assault program's volunteer and/or advocate training. This can also be an excellent professional development opportunity for holistic healing

providers who want to build skills around working with sexual violence and/or trauma specifically.

Referring survivors to holistic healing venues such as yoga classes or other body-based approaches requires some sensitivity. Unlike more traditional western approaches to healing, many integrative practices more directly involve the body. Because sexual violence involves such an intimate violation of the body, caution is warranted. Body work can be painful or frightening for survivors. When programs recommend a body-based

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approach to survivors, they should discuss the potential benefits and difficulties with survivors in advance. Practicing boundary setting with advocates could be an important part of advocacy of for survivors preparing to

try certain approaches for the first time. Other survivors may need to work through certain aspects of the trauma before they can feel comfortable with body-based approaches.

"As yoga teachers, we tell students, 'You are your own best teacher. You can do what you need to do to take care of yourself.' And for survivors, that can become unmanageable very quickly," says Emilee Coulter-Thompson, a social worker and long-time sexual assault advocate in Ohio, Michigan, and Oregon, who also became a Registered Yoga Teacher. "Yoga may unexpectedly unlock body memories or contribute to flashbacks and flooding, during or after class."

She says that classes created specifically for survivors can incorporate a, "slow, careful pace as well as breath

work. Because trauma can also manifest as depression or lethargy, we can also use more active or heating poses to get energy flowing.”

This delicate balance requires a sensitive practitioner who is familiar with the effects of trauma and respectful of the advocate’s knowledge and experience related to trauma and sexual violence. These sensitivities combined with the practitioner’s expertise in holistic healing approaches can help develop partnerships that will best support survivors. “When yoga is taught in a safe framework and with a trauma-informed perspective, it can be amazing to feel supported, reconnect, and to begin to like your body again,” continues Coulter-Thompson. “Yoga is also a great way to teach about the impact of trauma and how it can manifest years and years later.”

As with any community referral, rape crisis centers referring clients to holistic healing providers should be clear with clients about how well they know the provider referral and potential conflict of interest. In the relationship between the advocate and the client, especially if there is a close connection, the advocate’s recommendations carry weight. It always makes sense to encourage and support survivors in setting good boundaries, following their instincts, and trusting their “gut” from the beginning about whether or not a particular modality feels right to them and whether or not they feel comfortable with a particular provider. If something doesn’t “feel” right it could mean that the provider lacks capacity with survivors in a certain area or just that the survivor isn’t ready for or doesn’t resonate with a particular approach.

Here are two examples of how an advocate might approach a referral:

- I know Sally very well. She has taught yoga for a long time and has a lot of training. She has a strong background with trauma and has worked with a lot of survivors from our program. She will work with you at your own pace. Now, if this doesn’t work for you for any reason, even though I’ve said I think she’s a good provider, you should trust your gut.
- There IS someone in town that I’ve heard about who provides acupuncture. But I don’t really know that person’s background in terms of working with trauma and with survivors. I am glad to give you the person’s name and number if that is helpful, but I want to make sure you know that my knowledge of this person is limited. It would be important to have a conversation up front with the provider about your needs and boundaries. And to stop at any time things don’t feel right. And if you decide to go ahead and would like me to come to your first appointment with you, let me know.

Community Collaboration

Community Collaboration can be as simple as joining together for events during Sexual Assault Awareness Month (SAAM). Many longer-lasting partnerships might begin this way. A local sexual assault program might co-host a public event during SAAM or at a wellness fair with a holistic healing provider.

Beyond public events or simply offering a few spaces in an existing workshop, a local sexual assault program might work with a holistic healing provider to offer a class or workshop solely to a group of survivors, either at the local sexual assault program, the provider's space or a different space. This allows for the content, pacing, and other aspects of the session to be designed specifically for survivors and for a greater degree of comfort, sharing, or bonding, as partici-

pants know that the room is filled with survivors.

Many of the local programs interviewed spoke of co-facilitating workshops or groups with outside providers with expertise in art, equine therapy, yoga or other approaches and of having volunteers who return after graduate or professional training programs in healing approaches. Groups can be a particularly good context for offering new modalities because of the additional safety of a community of survivors. The staff or volunteer facilitator from the sexual assault program could be joined by a co-facilitator practicing a particular holistic healing modality in your community, or might be a student from a local graduate or professional training program on a particular healing approach.



In-House Expertise

Rape crisis centers can also have advocacy and counseling staff and/or volunteers who are providers of holistic healing approaches. An advocate might gain a certification while working at a rape crisis center or the center might hire specifically with certain skills in mind. Using current volunteers or staff—who have already gone through a screening process and advocate training—as facilitators or co-facilitators of groups addresses one key hurdle in working with outside providers: gaining some level of assurance that they understand the dynamics of sexual assault, trauma, confidentiality, and related issues. In some cases, professionals from your community who wish to volunteer may already have a background in active listening, trauma theory, or other skills and knowledge covered in your basic advocacy curriculum. In these cases, local programs may ask professionals from the community to either go through relevant portions of the volunteer training or a specialized training geared towards co-facilitators. Emily Hawkins, the director of the Rape Recovery Center in Salt Lake City, Utah, says of their work that a mind-body approach “is where trauma work is heading. We have been integrating body-centered therapies.”

Another approach, taken by several of the local programs interviewed for this paper, is to support staff in receiving training in holistic healing modalities. Not only does this provide a program with greater control over the content and timing of groups or workshops offered, but further training is also an important factor in staff retention and professional development. It also gives programs the opportunity to integrate holistic healing into everyday work with survivors. Even if an advocate does not become certified or licensed in a certain modality, she or he can incorporate mini versions of certain techniques into support groups or

counseling sessions. For example, an advocate could use a guided mindfulness meditation, suggest some simple stretches at the beginning of group, play an evocative song and ask clients to journal, or bring in materials for survivors to make a healing collage.

In addition to being very helpful in resolving sexual trauma, supporting staff in receiving training in holistic healing approaches can also be incredibly valuable in resolving and building resilience around vicarious trauma. Hearing stories about sexual assault on a daily basis is challenging for anyone. Everything we know and have learned about trauma indicates that resolving

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trainings and learning about new holistic healing approaches can help staff ward off vicarious trauma and burnout while at the same time encouraging staff to utilize these healing approaches to resolve any issues with vicarious trauma. Ongoing support from holistic healing providers can assist staff with preventing or managing ongoing vicarious trauma, which can also aid in staff retention.

A program might include knowledge of and training in holistic healing approaches as an optional criterion in hiring for open positions, thereby building the expertise of staff by bringing in advocates, support group facilitators, or therapists who already have experience with a holistic healing. Because SASP amounts may be small, funding part of a staff position to facilitate or co-facilitate a group may be an effective use of funds.

Identifying Holistic Healing Services

If you are considering adding holistic healing approaches to your services, whether as referrals, offering workshops or groups, or bringing expertise in-house, you may wish to consider three factors in choosing modalities.

- 1. Talk broadly to community members both affiliated and not affiliated with your program about their experience with holistic healing options in your community, the providers they respect, and any concerns.
- 2. Begin to gather information from the survivors you are working with, or who continue to advise your program, about what options they have sought out or are considering.
- 3. Survey the holistic healing options that already exist in your community.

Holistic healing providers that you discover or who proactively seek out a partnership with your program will have a range of professional backgrounds, training and credentials from students to those with decades of experience and strong community connections. Whether they are newer providers or very experienced, it is important to remember that advocates are experts in sexual assault, in supporting survivors, and in honoring the path to healing that each survivor may take.

Checklist for Partnerships

Here is a list of considerations when establishing new partnerships, or taking existing partnerships to a deeper level:

- Investigate professional credentials and training. Note that for traditional healers, this may or may not be a degree or certificate. You should ask about how they received their training, the number of hours of training, their ethical standards, and their understanding of the dynamics of sexual assault and trauma. You can also check with trusted community members. As with potential volunteer advocates, a background check may be appropriate but is not sufficient screening.
- Explicitly discuss crucial issues like confidentiality, touch, and boundaries, especially with those unused to working with survivors.
- Talk through planned content, pace, goals of the activity, class or series (for example sharing relaxation skills, building body awareness, cultivating bonds between students).
- Discuss the physical setting and other details of the workshop or group to help the partner identify areas that might be triggering for a survivor, or to highlight areas that will ensure a healing environment for survivors.
- Consider expenses related to holistic healing approaches and think about ways for survivors from all economic backgrounds to participate. Some examples might be negotiating a discounted rate with providers you are referring to or approaching a store or provider about donating the necessary supplies for survivors to participate.
- Consider co-facilitation or having program staff or volunteers available to support survivors during the session. If it is an individual session with a practitioner, an advocate could attend with the survivor the first time if the survivor so desires.
- Offer or require participation in your program's advocacy training, either in whole or in part.
- Evaluate the work by asking for feedback from survivors who participated. Additionally, establish ways for partners to give you feedback, particularly about how the partnership could be more effective or factors that would make them more likely to want to work together again in the future. See the Resource Sharing Project (RSP) publication, "[Program Evaluation: Knowing is Half the Battle](#)," for tips on beginning or enhancing your evaluation practices.

Making it Work: Funding for Holistic Healing Services

The Sexual Assault Services Program funds through the Office on Violence Against Women were created to support direct intervention and related assistance, which of course includes the core work local programs have engaged in over the past decades. SASP funds are not intended to support prevention, education, general training, or other work that is not specifically and directly supporting a survivor of sexual assault in the aftermath of an assault or in their healing. These funds can be used to pay for services to any survivor of sexual assault, though they may not be used to support work with survivors of other types of violence. For sexual assault services funded by SASP, there are no restrictions on the age of a survivor, the type of sexual assault they experienced, or the timeframe of the assault.

SASP funds could be a good fit to support part of a position that coordinates holistic healing services or the other costs related to offering this kind of programming. The funds can be used to train and supervise staff or volunteers who will be co-facilitators of groups or workshops. For more information about allowable uses of SASP, check with the Office on Violence Against Women. For more information about how the funds might support the particular holistic healing services that you are interested in funding or providing, contact the Resource Sharing Project SASP specialist, your coalition, or see the SASP section of the Resource Sharing Project website.

For many programs, holistic approaches to healing are not really “alternative.” Local programs are listening to

the survivors they work with and seeking additional resources to expand support for survivors into the longer term, after an initial crisis. Holistic healing approaches represent one way in which programs are finding paths

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some programs, interventions and programming that include art, movement, work with animals or plants, and other holistic approaches are simply part of the work they do. And, as with the other services they provide, they turn to a variety of funding sources on the national, state and local level to support the work they do. At the Rape Crisis Center in Madison, Wisconsin, Kelly Anderson spoke of receiving in-kind donations of art supplies, and of seeking a small grant to provide a stipend to their yoga teacher for a yoga support group for survivors.

Because funding holistic healing approaches might seem new or different compared to more “traditional” services, it can be important to include additional background in proposals to fund them. Research is flourishing in the area of trauma intervention, there is still a lot to learn, and new research is becoming available all the time. The importance and effectiveness of including holistic approaches to healing is definitely supported by research. Consider drawing from ideas in this paper and the research addendum provided when you write or review proposals that involve holistic approaches.

Voices from the Field

A number of rape crisis centers around the country already incorporate holistic healing approaches into the work they are doing. Here are just a few examples that are rich with information about how to incorporate holistic healing modalities into rape crisis work.

Voices from the Field

WISE of the Upper Valley

(Vermont/New Hampshire)

www.wisEOFtheuppervalley.org

WISE of the Upper Valley, a rural program straddling the border of Vermont and New Hampshire, has found holistic healing to be very helpful with survivors of child sexual violence. Abby Tassel, Assistant Director at WISE, explains the center offers Somatic Experiencing (SE) for individuals, yoga workshops, equine therapy, and groups that incorporate SE, mindfulness, and other body-mind modalities (personal communication, July 8, 2011). WISE understands its holistic healing work to be firmly rooted in the empowerment model. Tassel says, in “not limiting what we do in any way, we end up supporting survivors in all sorts of scenarios. Is there a line? Trauma impacts everything in their lives.” WISE also works with professionals in other systems such as schools, housing, medical providers and workplaces to help them understand the widespread and interconnected effects of trauma.

WISE began holistic healing services with a gentle yoga group for survivors. It was instantly clear that the yoga was transformative for women in the group, particularly those who had never done any yoga before. Abby Tassel with WISE related a story of an “ah-ha” moment for a survivor who was returning to her car following one yoga class, and felt a panic attack coming. Without having been explicitly taught this technique in response, she remembered the feeling of calm from taking a deep breath in yoga, and chose to just breathe. Not only did she avoid the panic attack, but she had discovered this option within her own body and from her own experience of the yoga class.

From the success of their work with yoga, WISE was determined to expand its work with holistic modalities. One of the approaches offered by WISE (and other local programs) is Somatic Experiencing (SE). SE, based on the work of Dr. Peter Levine, is a body-mind healing approach based on “the realization that human beings have an innate ability to overcome the effects of trauma.” (Somatic Experiencing Trauma Institute, n.d.). They did some research and became particularly interested in SE among all the holistic healing modalities, due in part to its recognition that we are the experts in our own lives. Tassel describes the benefits of holistic healing:

One of the most important aspects of this work for us has been facilitating the ability to feel safe on the most elemental, visceral levels. This connects well with the other support and advocacy work that we do and recognizes the potential importance of incorporating the physical body into creating safety. This sense of safety then allows survivors to feel feelings and sensations in their bodies without being overwhelmed and thus not have to shut down to function. Building this capacity allows survivors to experience their lives more fully and sets the stage for healing. In addition, getting (re)acquainted with our bodies and the enormous amounts of information that they store, opens us to accessing this inner wisdom. For survivors who might be overwhelmed or confused about choices, it then becomes possible to trust yourself in a different way, to know what you want and don't want. Less esoterically, anxiety and stress are reduced and the ability to be in the present and have positive experiences is increased, which allows us to feel joy, be creative...to be ourselves (personal communication, July 8, 2011).

At first, WISE brought in an outside facilitator for an SE-focused group, but soon recognized the value of having someone on staff that not only had the training, but the contextual framework of advocacy. Tassel is now trained in Somatic Experiencing. She weaves the practices of mindfulness, breathing and grounding, which make up the Somatic Experiencing work, more broadly into the support they offer many more of the survivors they serve. “Survivors for whom other mental health counseling was not working, or who are clearly very body-based people already, are given tools around mindfulness and grounding to deal with the anxiety around going to court, for example.”

WISE also offers survivors the chance to work with horses in an eight-week group. “We are in horse-country, so it feels natural,” says Tassel. The Equine Assisted Therapy Center generally works with children with disabilities. The Center turns over their whole facility for the survivors’ group offered by WISE. Beyond the work of the group itself, WISE has written articles for the Equine Assisted Therapy Center’s newsletter, and an article about their partnership has been published in the magazine of the professional association for equine therapy. WISE and the Center have also co-presented at conferences about their work together. “We have an amazing community partner...this incredible friend,” says Abby Tassel. “It really is a partnership. The growth has come on both sides.”

Tassel recommends programs start by finding out who in the community is doing body-mind healing work and then determine if they are philosophically aligned with the mission of the organization. After some experience, programs can then decide whether to have staff trained in a particular practice or to continue working with community providers.

Tassel concludes, “When we’re talking about trauma with survivors, we frame it as, ‘This is your body trying to respond to something terrible, so it is natural. You’re not crazy, and we’re not pathologizing the reactions. With a body-based approach, we recognize that this is how your body works, and it is just trying to keep you safe. [Survivors] are trying to do the best thing for themselves, and [this holistic work is helping them learn] how to live their lives more as they want them to be.”

Tewa Women United

(Northern New Mexico)

www.tewawomenunited.org

Tewa United Women in northern New Mexico is a culturally and community based organization that offers sexual assault services and is a recipient of the SASP Culturally-Specific Grant Program. Corrine Sanchez, Executive Director of Tewa, told us that the women they serve are not always interested in counseling due to historical and present day issues of trust, so Tewa “looks to what they, their families and their communities turn to” for healing. At the same time, some survivors may have been abused by healers within their own tradition, and so may be seeking different healing practitioners and practices. So Tewa “offers paths for what resonates for them and honors their cultural integrity. Many forms of holistic healing are rooted in Indigenous cultures and come from ancient ways of knowing and practice.”

Tewa has built relationships with practitioners and schools of healing arts in their community. Tewa carefully screens the healers they work with. They begin by observing people at work in the community, for example seeing if they are being respectful in their interactions. Tewa then interviews professionals and community-based practitioners for their background, especially their understanding of sexual violence and trauma, and asks them to explain how their work can benefit survivors. They ask the practitioners how they bring people into their practice and how they explain the whole process. For example, if they are a massage therapist, Tewa asks how they explain where they will be touching clients and why. For therapists, counselors, and other mainstream medical professionals, Tewa will ask how they feel about a client seeing a traditional healer or other healing practitioner in addition to the mental health counseling. They also evaluate, checking back with clients about successes or concerns that they may have had with the provider. In these ways, Tewa exemplifies a comprehensive approach to screening.

Tewa also chose to look at how being a survivor impacts the birth experience. The prevalence of sexual assault for women in the United States is estimated to be about 1 in 5 according to the [National Intimate Partner and Sexual Violence Survey \(NISVS\)](#), and the rate for Native women is estimated to be 2.5 times higher. Consequently, many women who give birth may also have a previous history of sexual assault, as Tewa found to be true for the community they serve.

Sanchez talks about how their work with birthing intersects with environmental justice, reproductive justice, sexual violence work and supporting the traditional knowledge and strength of the community. “How does/may a sexual assault or child sexual abuse affect a survivor’s birth experience? How do women talk to kids about sexual abuse when they have their own history?” Tewa is working toward developing their own doula (birth assistant) training program to honor women’s power and women’s voices. Tewa’s doulas and sexual assault advocates receive training and education in herbs, massage, homeopathy and the benefits of other healing practices.

In 2012 Tewa hosted its first ever birth summit headlined by Penny Simkin (a founding mother of the Doula movement) and Katsi Cook (Aboriginal Midwife). Penny Simkin’s book, “When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Child-bearing Women” offers invaluable guidance to doulas and midwives working with survivors.

Orange County Rape Crisis Center

(Chapel Hill, NC)

www.ocrcc.org

The Orange County Rape Crisis Center (OCRCC) offers a variety of traditional and nontraditional groups for survivors and uses SASP funds to support this work. Their nontraditional groups include yoga and movement, art therapy, horticultural therapy, and a running-based group (Krista Park Berry, personal communication, July 14, 2011). The nontraditional groups, such as running and horticulture, have thus far included both survivors of recent assaults and child sexual abuse. A therapist and a running coach—both volunteers—facilitate the running group, which is a mix of training for beginning runners and traditional support group content.

According to Park Berry: The running-based group experience draws on the kinesthetic movement of the body. Participants share not only their abuse experiences but share in the training process, which in itself is a metaphor of the cyclic nature of the healing process. One prepares for each run with warm-ups and equipment; each run has a structured beginning and end; training regulates body systems (i.e. respiratory, circulatory), all of which strengthen the body and ease the mind.

The group meets twice weekly for 10 weeks. At the first weekly session, they run for an hour and then participate in support group for 45 minutes, where they discuss traditional group topics like self-esteem, boundaries, or anger. However, the discussions are influenced by the experience of running, which helps survivors get in touch with their bodies. The second session of the week is training but no group meeting. A local running shop donates shoes and sports bras for all the group participants, and the local parks department provides private group meeting space just off the trail on which the group trains. The running coach maintains a private blog for the group, with motivational entries and advice on stretching, diet, and maintaining a running schedule outside of group. Group members can read but not comment on the blog, in order to keep any private content off the blog and within group conversations.

Park Berry notes that there were additional tasks in setting up this group beyond the usual preparation for a support group. First, they screened group members for specific potential triggers, e.g. assaults that happened outdoors or situations where a survivor ran from the perpetrator, in addition to conventional screening. Second, they had to create liability waivers for group members to sign, as the group involved physical exertion and potential injury. Third, they had to create confidentiality agreements with the running shop staff that fitted each member with shoes and an employee at the parks department who scheduled the meeting space and knew the purpose of the group (K. Park Berry, personal communication, July 14, 2011).

OCRCC also offers a horticultural therapy group. Horticultural therapy is most often used in recreational therapy with the elderly or people with disabilities, but OCRCC found it works well for trauma survivors. A local horticultural therapist volunteers as a group facilitator. The Healing with Nature group uses therapeutic horticulture in a number of ways. The group might plant cactus bowls while discussing resilience, or create grief bouquets to compost. OCRCC has received support and donations from local botanical centers, local farmer's markets, area farms,

and a community herbalist. Park Berry says that the horticultural or gardening connections to trauma are easy to see and use once you start looking. Centers do not need a trained horticultural therapist, she says, just a staff member or volunteer who enjoys gardening or farming and a spark of creativity (Park Berry, personal communication, July 14, 2011). Centers don't even need regular access to nature, because the metaphors work with drawings or small samples of nature. The herbalist provides teas to the OCRCC group as a way of drinking in nature and experiencing nature as self-care. With a little guidance, survivors can do some horticultural work on their own. For example, Park Berry says if an advocate or counselor knows a survivor enjoys gardening, they can give the survivor contemplations to use while gardening and discuss later with her advocate or counselor. The survivor could prune away anger or self-blame as she prunes the raspberry bushes, or plant new hope as she plants a sapling maple tree.

The OCRCC also offers an Arts & Crafts group for Spanish-speaking survivors. In that group, the focus is on the crafts and on building community with other women with similar trauma histories. People choose what crafts to work on, and they may finish one or two pieces of art in the eight-week group. Facilitators teach new skills that survivors can use in addition to their own set of coping skills, offering another outlet to express their stories. This group was inspired by and grew out of the Arte Sana exhibit *Corazon Lastimado: Healing the Wounded Heart TM*, in which survivors use wooden hearts decorated to express all aspects of survivors' experience from victimization to healing.

Shamecca Bryant, director of OCRCC points out, "Because some folks are not comfortable with talk therapy, an alternative healing support program can be really appealing. Survivors can refocus their energy, using physical movement or an art-based project as a metaphor for their own healing process. This all happens while participants are building connections within a close knit support network of individuals with similar trauma histories; helping them feel less isolated, judged, and on display" which can happen in a more traditional support group setting. In addition to support groups, there are other services, such as legal advocacy, that are very important in the healing process, but the use of holistic methods to regain one's sense of power is a tool that the OCRCC has seen as being instrumental to a survivors short and long term healing."

Laurie Graham with the OCRCC says, "We have volunteer support group facilitators who have group facilitation experience or have a history of working with survivors of trauma or sexual violence. Some also have special skills such as horticultural therapy certification, or a background in clinical social work or counseling." The OCRCC performs background checks, provides approximately 30 hours of training in-house, and then supervises and/or partners with the facilitators in each group.

"We are aware that facilitators are coming from different backgrounds, and may have a therapy background or a certain skill set, while others are trained in advocacy support," says Graham. "Here, co-facilitation comes in as an integral piece. Having folks with different skill sets helps facilitators to put together the group in a way that supports clients using each facilitator's strengths."

All of the volunteers at the OCRCC sign a confidentiality policy and complete volunteer contracts which include expectations for that individual. At the end of training, these volunteer facilitators sign an agreement that they will adhere to OCRCC rules for facilitators. Graham and other staff also build a rapport and develop a supervisory relationship in order to have good communication about what is going on in the groups. They go over many aspects of group facilitation, including activities that might be useful, how to create an outline for group sessions, the stages of groups, and how relationships form within groups. They also draw on a library of 25 years of materials from groups at OCRCC.

“We talk a lot about the importance of communication between Center staff and the facilitators and the Center’s commitment to supporting facilitators to the best of our ability. Our training also includes information on providing screenings for folks who would like to participate in a group, including what mental health concerns might come up for people. These facilitators only have contact with clients for the screening and the time spent in group.” The system that OCRCC has in place limits the facilitators’ role to the group itself, instead re-directing survivors to OCRCC staff and volunteer advocates for support outside of the time the group spends together. This system helps to ensure that survivors are receiving appropriate support and that facilitators’ roles are clearly defined.

Evaluating the programming you offer is important so that you can be sure that a program is offering real benefits to survivors. “We evaluate all of our groups,” Bryant says. “People consistently describe over time feeling more supported in their healing process, say that they met personal goals while in the group, and that they are feeling less isolated. We have now moved to a system of standardized tools that analyze PTSD symptoms. This will help us judge if the groups are helping alleviate feelings such as anxiety. These evaluations help to build the case to funders for the use of support groups.”

Women Against Rape

(Columbus OH)

Deborah Schipper, an early member of Women Against Rape in Columbus, Ohio, and a long-time teacher of self-defense and women’s martial arts, told us that internal, or soft arts such as Tai Chi, offer an opportunity for “women to concentrate on ourselves, on our bodies, in a friendly way.” Through these practices, survivors can gain skills to reconnect the mind and the body. “Survivors develop the habit of dissociation after trauma. Tai Chi is the opposite, and so helps us to get back inside our bodies. [The practice of Tai Chi] is to be absolutely present, fully aware with all of our senses to what is happening right now.”

Deborah Schipper continues by saying that these arts help us to see “our bodies as a tool we can use in other ways that aren’t sexual.” Tai Chi and similar arts help survivors physically, by improving balance and control. And those skills can then be applied to traumatic situations and to living with the effects of trauma.

Appendix A

Basic information on common cultural and/or holistic healing approaches

Familiarity and availability of various holistic healing approaches may vary from community to community. This section is intended to provide only a basic introduction to some popular holistic modalities.

Animal & Plant Therapies

What It Is: Animal assisted therapies offer survivors the opportunity to interact with horses, dogs and other animals. Plant-based, or horticultural therapy has a similar approach and common goals with therapeutic approaches with animals.

Potential Benefits: Survivors can gain additional coping skills, self-regulation and self-care techniques and reconnect with their bodies by connecting with the natural world through interaction with animals or plants. Additionally, working with plants can be an artistic expression, and include elements of herbal or aromatherapy approaches.

Required Training: Professional associations offer training and promote the use of this work with various populations.

Formats: As with arts and crafts, work with animals or plants may be integrated into other programming without being used in a clinical way, or may be structured and led by a mental health professional.

Resources for Further Information:

- Pet Partners (formerly the Delta Society), www.petpartners.org
- Professional Association of Therapeutic Horsemanship International, www.pathintl.org
- American Horticultural Therapy Association, www.ahta.org

Art Therapy, Arts & Crafts

What It Is: Making art or creating crafts in a variety of media including drawing, sculpting, painting, collage, sewing, quilting, or knitting.

Potential Benefits: Arts and crafts offer survivors the opportunity to express themselves, and relate aspects of their traumatic experience or healing process without having to use words. Additionally, arts and crafts can enhance skills of self-care, connection with others and a connection to their own body, mind, and spirit.

Required Training: Art therapy is a form of psychotherapy and requires professional training. However, the use of arts and crafts in support groups by local program staff and volunteers is widespread.

Formats: Programs interviewed for this paper offered a range of arts activities by integrating craft projects into regular support groups, offering groups that are solely art-based, or offering Art therapy

sessions led by a mental health professional.

Resources for Further Information:

- American Art Therapy Association, www.arttherapy.org
- Arte-Sana, www.arte-sana.com
- Backos, A. K., & Pagon, B. E. (1999). [Finding a voice: Art therapy with female adolescent sexual abuse survivors](#). *Art Therapy: Journal of the American Art Therapy Association*, 16, 126-132.
- Hargrave-Nyakaza, K. (1994). An application of art therapy to the trauma of rape. *Art therapy: A Journal of the American Art Therapy Association*, 11, 53-57.

Dance/Movement Therapy

What It Is: Dance or movement therapy allows for expression and healing through movement in a group or individual setting.

Potential Benefits: As with other movement-based approaches, dance and dance therapy can help survivors to reconnect with their bodies, to express themselves in a language other than spoken words, and to form community with other participants.

Required Training: Formal dance therapy is a type of psychotherapy and so requires a graduate degree including studies in psychotherapy and dance/movement.

Formats: Dance therapy is practiced in a variety of settings including health care facilities, dance therapy centers and other locations.

Resources for Further Information:

- American Dance Therapy Association, www.adta.org
- Mills, L.J and Daniluk, J.C. (2002). [Her body speaks: The experience of dance therapy for women survivors of child sexual abuse](#). *Journal of Counseling and Development*. Volume: 80. Issue: 1.

Exercise

What is it: Activity requiring physical effort, carried out especially to sustain or improve health and fitness.

Potential Benefits: Exercise can be very beneficial in dealing with certain effects of trauma like anxiety, depression, loss of control, and other nervous system impacts.

Required Training: While anyone can participate in exercise on their own, providers might include personal trainers for whom there is a wide range of training and various forms of certification or Exercise Physiologists who usually have a bachelor's degree in this area.

Resources for Further Information:

- Levine, P.A. (1997). [Waking the Tiger: Healing Trauma](#). Berkely, CA: North Atlantic Books.

Eye Movement Desensitization and Reprocessing (EMDR)

What is it: EMDR is a comprehensive, integrative psychotherapy approach and includes elements of several therapeutic approaches including psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies. During treatment, various procedures and protocols are used. One of the procedural elements is “dual stimulation” using either bilateral eye movements, tones or taps. During the reprocessing phases, the client attends momentarily to past memories and present triggers.

Potential Benefits: EMDR encourages processing and resolving traumatic memories toward resolving traumatic symptoms. Several randomized studies have supported the efficacy of EMDR.

Required Training: EMDR is provided by licensed therapists with training and certification in providing EMDR.

Resources for further information:

- EMDR Institute, www.emdr.com/general-information/what-is-emdr.html

Integrative Medicine & Ancient Healing Arts

What is it: Healing practices rooted in cultures from around the world or more recently developed but rooted in a holistic approach have become better known to the mainstream in recent years, and may offer support to survivors in their healing process. This kind of health care is variously called alternative, complementary, traditional or integrative medicine. It includes acupuncture, massage or bodywork, herbal medicine, energy work such as Reiki, naturopathy, chiropractic, Ayurveda, homeopathy and other modalities.

- Acupuncture is the use of fine gauge needles applied to specific points on the body. Acupressure uses the same points but without the use of needles. Acupuncture is often combined with herbal medicine and grows out of ancient Chinese medical practice.
- Ayurveda is an ancient Indian medical practice that includes counseling in diet, massage and other modalities.
- Curanderas, medicine people, or other traditional healers use herbs, ritual (movement, music, chants) and other approaches to help bring people back into balance with themselves, their community and the natural world. These approaches often have a spiritual aspect.
- Massage or bodywork is pressure and movement applied to the soft tissues of the body, usually with the hands.
- Energy work either involves extremely gentle touch or none at all, but a practitioner’s hands are often still near the body.
- Chiropractic work adjusts the bones and joints of the body, and is often combined with massage.
- Naturopathy is a relatively recent medical practice that takes a holistic and preventative perspective on the over-all well-being of a patient. Naturopaths are often trained in acupuncture, massage, homeopathy and other complementary medical practices as well as Western (allopathic) medical practices.

- Homeopathy is the use of extremely minute amounts of certain essences or compounds to treat disease.

Potential Benefits: Practitioners generally take a more holistic approach to wellness, and appointments will often last much longer than typical doctor visits. Survivors may benefit from these approaches that do not prioritize pharmaceutical interventions or “pathologize” the effects of trauma. These approaches tend to be holistic, meaning that they work with the physical, emotional, spiritual, and mental levels as interrelated parts of the whole person.

Required Training: Requirements for training, certification and licensing of various practices will vary from state to state. Programs should become familiar with the options in their own communities and build solid relationships for referral and evaluation.

Formats: Most of these practitioners will work out of an office setting with one person at a time.

Mindfulness Practices, Meditation, Breath Work

What is it: Mindfulness practices can include a focus on breathing, specific relaxation techniques, visualizations, repeated phrases, and other techniques that help to reduce stress and increase acceptance of the present moment. Many of the psychological approaches to mindfulness were adapted for use in psychology by practitioners of Buddhist meditation techniques.

Potential Benefits: Mindfulness practices offer survivors skills to become aware of and regulate breathing, stress responses and mind-states. These techniques often help to reconnect a survivor to their body. Scientific research into a variety of methods has recently supported the benefit of these approaches.

Required Training: Formal and informal training is available. As many of the techniques are simple, they can be learned by people without formal mental health training. Alternately, training in specific techniques for use by mental health professionals is available.

Formats: As mentioned in this paper, mindfulness techniques can be integrated into the more everyday work of supporting survivors, for example by sharing a specific breathing technique. These practices could also form the core of a workshop or group session. Mental health professionals may also integrate these techniques into the treatments they offer.

Resources for Further Information:

- [Center for Mindfulness in Medicine](#), Health Care & Society
- [Background information on holotropic breathwork](#)

Music Therapy

What is it: Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an accredited music therapy program. While an individual music therapy session for an individual or group could vary quite a bit, most sessions would include an opening, an intervention (e.g. group members work on writing a group song to express their experiences with sexual violence), transition exercises, and a closing.

Potential Benefits: Through musical involvement in the therapeutic context, clients' abilities are strengthened and transferred to other areas of their lives.

Required Training: Music Therapists need a bachelors degree or special certificate in music therapy. Upon successfully completing academic and clinical training, and subsequently passing the national examination administered by the independent Certification Board for Music Therapists, the graduate acquires the credential, Music Therapist-Board Certified (MT-BC).

Formats: Music therapists assess emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses; design music sessions for individuals and groups based on client needs using music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, and learning through music; participate in interdisciplinary treatment planning, ongoing evaluation, and follow up. Advocates and other non-therapists can also incorporate music into more traditional contexts.

Resources for Further Information:

- American Music Therapy Association, www.musictherapy.org

Nutrition

What is it: Nutrition involves the food and any other supplements we ingest for health and growth.

Potential Benefits: Consulting a nutritionist can help a survivor determine how foods and supplements might support their healing based on impacts of the trauma and also how any food-related problems resulting from the trauma could be resolved.

Required training: Nutritionists and dieticians usually have a degree in this area and most states require a license.

Formats: Nutritionists generally provide individual sessions and range greatly in their approach and focus related to nutrition.

Resources for Further Information:

- Levine, P.A. (1997). [*Waking the Tiger: Healing Trauma*](#). Berkely, CA: North Atlantic Books.

Poetry Therapy and Therapeutic Writing

What is it: The term "poetry therapy" encompasses bibliotherapy (the interactive use of literature) and journal therapy (the use of life-based reflective writing) as well as therapeutic storytelling, the use of film in therapy, and other language-based healing modalities.

Required Training: Poetry Therapists must be licensed clinical mental health professionals. However, elements of poetry therapy and therapeutic writing can be integrated into support groups, counseling, and crisis intervention by advocates.

Formats: Formats for this type of therapy cover a broad range of activities which might include writing or reading poetry, journaling, free writing, or writing on a particular topic.

Resources for Further Information:

- The National Association for Poetry Therapy, www.poetrytherapy.org

Somatic Experiencing

What it is & potential benefits: Somatic Experiencing is “a body-awareness approach to trauma... based upon the realization that human beings have an innate ability to overcome the effects of trauma. SE® restores self-regulation, and returns a sense of aliveness, relaxation and wholeness to traumatized individuals.” (from the Somatic Experiencing Trauma Institute website)

Required Training: A three year professional training program is offered by the Somatic Experiencing Trauma Institute.

Formats: More detailed descriptions of WISE’s use of Somatic Experiencing (beyond those included in this paper) were included in the SASP White Paper, “Action, Engagement, Remembering: Services for Adult Survivors of Child Sexual Abuse.”

Resources for Further Information:

- Somatic Experiencing Trauma Institute, www.traumahealing.com/somatic-experiencing/index.html

Support in Birthing

What is it: Support during pregnancy, birth, and after a birth is an ancient practice from every culture of the world. Modern midwifery in the United States is practiced in hospitals, birth centers, and homes. Doulas are support people, not medical providers, and may work with birthing women and their families in those same settings, whether a midwife or an obstetrician is attending the birth.

Required Training: Training, certification and licensing will vary from state to state. Many states will regulate nurse midwives, who can practice in hospital settings, and then also midwives who practice in free-standing birth-centers (meaning not in a hospital) or homes. These latter midwives have various titles depending on state law including licensed, certified, direct-entry, or lay midwives. Additionally, some Naturopathic Physicians are also trained as midwives. Doulas can become certified following a course of study and a practicum.

Resources for Further Information:

- MANA (Midwives Alliance of North America), www.mana.org
- American College of Nurse-Midwives , www.midwife.org
- National Association of Certified Professional Midwives, www.nacpm.org
- American Association of Naturopathic Midwives www.naturopathicmidwives.com
- DONA International (Association and Certifying Body for Doulas), www.dona.org
- Early Trauma, Its Potential Impact on the Childbearing Woman, and the Role of the Midwife - by Penny Simkin
- Seattle Midwifery School | The Simkin Center for Allied Birth Vocations

Tai Chi (Chu’an)

What is it: This martial art is known for its slow movements, and is considered an internal or soft martial art, meaning that its practitioners emphasize gaining self-knowledge of the body, mind and spirit. It originated in China at least several hundred years ago, though its current form and name are probably about 200 years old.

Required Training: Formal and informal training as a Tai Chi instructor is available. It is important to interview teachers about their training and background.

Formats: Tai Chi is typically offered in classes in a variety of settings including parks, martial arts, yoga or other fitness studios, community centers, and similar venues.

Resources for Further Information:

- American Tai Chi and Qigong Association, www.americantaichi.net

Tension & Trauma Releasing Exercises (TRE)

What is it: RE is a set of six exercises that help to release deep tension from the body by evoking a self-controlled muscular shaking process in the body called neurogenic muscle tremors.

Required Training: TRE is a self-help tool but there are various certifications to become a facilitator of TRE for individuals and/or groups.

Formats: Many people can learn TRE by reading books. Some may benefit more if guided through the exercises by a Certified TRE Practitioner. Skype sessions are also available. Once learned, individuals can continue to use the exercises on their own.

Resources for Further Information:

- Tension and Trauma Releasing Exercises, www.traumaprevention.com

Yoga

What is it: The practice of yoga, as we know it in the United States, is primarily a set of positions (asanas) and movements that may also include breathing and meditation techniques. The current popular forms of yoga are probably about 150 years old, and include body positions and movements to stretch and strengthen muscles, improve balance and support the health of the circulatory, nervous, immune and lymphatic systems of the body.

Potential Benefits: An increasing number of scientific reports and medical professionals are recognizing the value of yoga in alleviating stress, improving relaxation and increasing awareness of and even comfort in the body.

Required Training: In part because of its popularity, any particular teacher of yoga may have more or less experience or specific education than another. It is important therefore, to interview yoga teachers about their training and background. Yoga teachers can register with a national body, the Yoga Alliance, which also registers teacher training programs. Possible questions to ask might include how many training hours the teacher has and what their experience is related to trauma. The Trauma Center of the Justice Research Institute, among others, offers training about trauma specifically for yoga instructors.

Formats: In the United States, yoga has been steadily gaining in popularity, and is commonly offered at community centers, fitness clubs and at free-standing yoga studios.

Resources for Further Information:

- Yoga Alliance, www.yogaalliance.org
- The Trauma Center at the Justice Research Institute, www.traumacenter.org
- [Article on Healing Childhood Sexual Abuse with Yoga](#)
- [Blog post on trauma-informed yoga](#)
- Emerson, D. and Hopper, E. (2011). *Overcoming Trauma Through Yoga: Reclaiming Your Body*
Berkeley, CA: North Atlantic Books.

Appendix B

Trauma-Informed Services

Many of the programs interviewed for this paper spoke of being trauma-informed organizations or seeing their holistic healing work as part of trauma-informed services. This section is included as a reference for those less familiar with the concept.

Trauma-Informed Service

“Human service systems become trauma-informed by thoroughly incorporating, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery” (Fallot & Harris, 2009).

A trauma-informed system is one in which all components of a given service system have been re-considered and evaluated in the light of a basic understanding of the role that violence plays in the lives of adults, children and adolescents, and families or caregivers seeking social services (Fallot & Harris, 2009; Elliot, et al., 2005). Healing from trauma is the primary goal, and that goal can only be achieved by supporting the whole person. Sexual assault trauma is a physical and emotional violation that may result in feelings of intense fear, powerlessness, and hopelessness. Such events can be traumatic not because they are rare, but because they overwhelm the internal resources that give individuals a sense of control, connection and meaning (Bryant-Davis, 2005).

Those that work with survivors of trauma may experience vicarious trauma because of their work with sexual assault survivors. Symptoms of vicarious trauma are similar to those of Post Traumatic Stress Disorder, including numbing, hypervigilance, sleep difficulties, and intrusive thoughts.

The aim of a trauma-informed system is to infuse the elements of trauma-informed care throughout every contact, space, activity and relationship in the agency (Fallot & Harris, 2009). Trauma-informed services use their understanding of trauma to design service systems that accommodate the vulnerabilities of trauma survivors, allow services to be delivered in a way that will avoid inadvertent retraumatization, and facilitate survivor participation in service planning and delivery. Trauma-informed service also attends to the needs of those that serve trauma survivors by providing the same elements of care to survivors and workers.

Trauma-informed service comprises six basic elements that are applied to all activities and interactions with agency clients and with agency workers (Fallot & Harris, 2009; Elliot, et al., 2005). The six elements of trauma-informed service are safety, trust, choice, collaboration, empowerment, and cultural relevance.

Elements of Trauma-Informed Service & Benchmarks

<p>Safety</p>	<ul style="list-style-type: none"> • Safe relationships are consistent, predictable, nonviolent, non-shaming, non-blaming, and respectful • The staff feels safe at work, in all locations of work • The staff is attuned to signs of discomfort or distress from clients and knows how to respond • The agency maintains confidentiality a consistent manner
<p>Trust</p>	<ul style="list-style-type: none"> • Workers recognize the long-term and pervasive impact of violence • Relationships have clear boundaries and defined roles • Staff share information with survivors
<p>Choice & Control</p>	<ul style="list-style-type: none"> • Choices, even the small ones, are valued because the personal experience of choice builds the ability to direct life and dream • Giving choices fosters safe relationships • Choices must be conscious, intentional, and verbalized • The agency involves survivors in program evaluation and design
<p>Collaboration</p>	<ul style="list-style-type: none"> • The agency and workers use a partnership approach to services • Give survivors opportunities to be with other survivors and offer mutual support • Collaboration with survivors gives workers new sources of knowledge and strength
<p>Empowerment</p>	<ul style="list-style-type: none"> • Workers seek to build on strength because identifying and using strengths builds more strength • Celebrate the whole person • Validate resilience • Create opportunities for survivors to do and give
<p>Cultural Relevance</p>	<ul style="list-style-type: none"> • Workers understand and respect the social and political factors of a survivor's life • Workers know that the meaning of violence, and the resources for healing, vary across cultures • Workers and agencies are open to learning and asking questions

Appendix C

Primary References

Who we spoke to:

Abby Tassel, Assistant Director
WISE of the Upper Valley
Lebanon, New Hampshire
www.wisEOFtheupperValley.org

Corrine Sanchez, Executive Director
Tewa Women United
Santa Cruz, New Mexico
www.tewawomenunited.org

Deborah Schipper
Columbus, Ohio

Emilee Coulter-Thompson, MSW, RYT
Portland, Oregon

Emily Hawkins, Clinical Director
Rape Recovery Center
Salt Lake City, Utah
www.raperecoverycenter.com

Kelly Anderson, Executive Director,
Rape Crisis Center
Madison, Wisconsin
www.danecountyrc.org

Sandy Hardie, Clinical Substance Abuse
Counselor & Certified Trauma Specialist
ASTOP (Assist Survivors, Treatment,
Outreach, Prevention)
Fond du Lac, Wisconsin
www.astop.org

Shamecca Bryant, Executive Director & Laurie
Graham, Programs Director
Orange County Rape Crisis Center
Chapel Hill, North Carolina
www.ocrcc.org

Other references:

Bryant-Davis, T. (2005). *Thriving in the Wake of Trauma: A Multicultural Guide*, CT: Praeger Publishers.

D'Anniballe, J. (2011). *Understanding the Neurobiology of Trauma: Implications for Adults and Adolescents*. Presentation for the Resource Sharing Project Sexual Assault Services Program National Forum.

Elliott, D., Bjelajac, P., Fallot, R., Markoff, L., & Reed, B.G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology* 33(4), pp. 461-477.

Fallot, R., and Harris, M. (2009). *Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning tool*. Retrieved October 21, 2010 from <http://www.medicine.uiowa.edu/icmh/TraumaInformedCare.htm>

Levine, P.A. (1997). *Waking the Tiger: Healing Trauma*. Berkeley, CA: North Atlantic Books.

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