Recommended Reading:

Trauma-Informed Domestic Violence Services

The materials listed below are recommended supplementary reading for the 3-part VAWnet Special Collection series, Trauma-Informed Domestic Violence Services. Topics include: Trauma, Violence and Recovery; Trauma-Informed Services and Trauma Treatment; Self-Help and Trauma; Gender-Specific Issues and Responses; Resilience; and Specific Communities. For more information, please contact the National Center on Domestic Violence, Trauma, and Mental Health.

Trauma, Violence and Recovery

Bloom, S.L. & Reichert, M. (1998). Bearing Witness: Violence and Collective Responsibility. New York, NY: Haworth Press. 334 pages. This book offers an introduction to the scope and underlying causes of violence, trauma theory, and the ways we can all work to create a less violent society. The first section brings together a wealth of research data and statistics demonstrating that our society not only tolerates but also actively supports high levels of violence across settings. The second section explains how human beings react to abnormal stress and how trauma affects thought, emotion and behavior. The third section uses a public health model to suggest strategies for primary, secondary and tertiary prevention of trauma and violence.

Herman, J.L. (1992). Trauma and Recovery. NY: Basic Books. 290 pages. Trauma and Recovery is widely recognized as a classic in the field of trauma and psychology. Based in feminist theory, it was one of the first books to describe the psychological impact of terror, disconnection, captivity and child abuse; to emphasize the impact of complex trauma; and to describe the stages of recovery through which survivors often progress. Case studies are used to illustrate the importance of healing relationships, creating safety, remembrance and mourning, reconnection, and establishing commonality. Trauma and Recovery is intended for a wide audience, including therapists, survivors, and advocates.

Van de Kolk, B.A., McFarlane, A.C., and Weisaeth, L. (1996). Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society. NY: Guilford Press. 596 pages. This edited volume presents theory and research on PTSD. Together, editors and contributors examine how trauma affects an individual's biology, conceptions of the world, and psychological functioning. Key topics include why certain people cope successfully with traumatic experiences while others do not, the neurobiological processes underlying PTSD symptomatology, enduring questions surrounding traumatic memories and dissociation, and the core components of effective interventions. This volume is a highly influential text that laid the foundation for many of the field's continuing advances.

Trauma-Informed Services and Trauma Treatment

Bloom, Sandra L. (1997). Creating Sanctuary: Toward the Evolution of Sane Societies. New York: Routledge. 320 pages. Creating Sanctuary interweaves the individual and the social, as well as the personal and the political, by presenting the story of how the author and a group of colleagues created a traditional psychiatric milieu based on social psychiatry principles. After years of working in this setting, they began to recognize the power of unresolved trauma in the lives of their patients and transformed their setting into a psychiatric inpatient program for adults who have experienced severe trauma as children. Through their experience, they came to believe that unresolved, multi-generational, often forgotten, traumatic experience leads to a compulsion for repetition (that is, to repeat) that is an exceedingly powerful force in individual and social history. Because of this unresolved legacy of trauma passed on from parent to child, all of our social systems...
are "trauma-organized," producing institutions that are unresponsive to and often directly counter to human needs. Bloom applies the insights from The Sanctuary Model to a multitude of social institutions ranging from families, schools, and the justice system to businesses, government, and the arts.

Bloom, S. L., & Farragher, B. J. (2010). *Destroying Sanctuary: The Crisis in Human Service Delivery System.* Oxford: Oxford University Press. 440 pages. For the last thirty years, the nation’s mental health and social service systems have been under relentless assault, with dramatically rising costs and the fragmentation of service delivery rendering them incapable of ensuring the safety, security, and recovery of their clients. The resulting organizational trauma both mirrors and magnifies the trauma-related problems their clients seek relief from. Healing is possible if one has access to helping, protective environments, yet toxic stress has destroyed the sanctuary that our systems are designed to provide. Linking trauma theory to organizational function, Destroying Sanctuary provides a framework for creating truly trauma-informed services. The organizational change method that has become known as the Sanctuary Model lays the groundwork for establishing safe havens for individual and organizational recovery. The goals are practical: improve clinical outcomes, increase staff satisfaction and health, increase leadership competence, and develop a technology for creating and sustaining healthier systems.

Figley, C. R. (Ed.) (1995). *Compassion fatigue: Secondary traumatic stress disorder in those who treat the traumatized.* New York: Brunner/Mazel Publishers, Inc. 292 pages. Compassion Fatigue focuses on those individuals who provide therapy to victims of PTSD - crisis and trauma counselors, Red Cross workers, nurses, doctors, and other caregivers who themselves often become victim to secondary traumatic stress disorder (STSD) or "compassion fatigue" as a result of helping or wanting to help a traumatized person. This edited volume consists of eleven chapters. It addresses such questions as:

- What are compassion stress and compassion fatigue?
- What are the unintended, and often unexpected, deleterious effects of providing help to traumatized people?
- What are some examples of cases in which individuals were traumatized by being helped, and how were they traumatized?
- What are the characteristics of the traumatized caregiver (e.g., race, gender, ethnicity, age, interpersonal competence, experience with psychological trauma) that account for the development, sustenance, preventability, and treatability of secondary traumatization?
- Is there a way to theoretically account for all these factors?
- What are the characteristics of effective programs to prevent or ameliorate compassion stress and its unwanted consequences?


This book provides a survey of the toll on those working to make the world a better place. Workers may feel tired, cynical, numb, or like they can never do enough. These, and other symptoms, impact the effectiveness of workers and undermine their capacity to achieve their laudable goals. Through Trauma Stewardship, readers are asked to meet these challenges in an intentional way - not by becoming overwhelmed, but by developing a quality of mindfulness. This book joins the wisdom of ancient cultural traditions with modern psychological research and offers a variety of simple and profound practices to allow healing to take place.

Harris, M. (1998). *Trauma Recovery and Empowerment: A clinician’s guide to working with women in groups.* New York: Free Press. 432 pages. This guide serves as a resource for mental health professionals working with women who have experienced the trauma of sexual, physical, or emotional abuse. The principles set forth are based on the author’s work with some of the most symptomatic trauma survivors, including women who have been incarcerated or institutionalized, and those with histories of drug addiction,
serious mental illness, and/or homelessness. The detailed treatment presented in Trauma Recovery and Empowerment is based on the author's conviction that symptomatic behavior often begins as a survivor's response to overwhelming trauma. Part One focuses on empowerment and wellness issues designed to help women overcome feelings of victimization. Topics in parts Two and Three address emotional, sexual, and physical abuse and the far-reaching impact such trauma has on relationships, emotional stability, and careers. Leaders are guided through the intervention with specific discussion questions, a sampling of typical responses, and experimental exercise for each topic. The manual concludes with step-by-step procedures for tailoring the intervention to specific populations.


Akers, D., Schwartz, M., & Abramson, W. (2007). *Beyond labels – Working with abuse survivors with mental illness symptoms or substance abuse issues*. Austin, TX: SafePlace. This publication provides information, tools, and resources for domestic violence and rape crisis center staff to better understand the connection between mental health and trauma. Readers are provided with practical information designed to help them be better equipped to work with survivors experiencing mental health and substance abuse issues. Information describing how to create a center more welcoming to survivors is also provided in this work.

Lieberman, A. and Van Horn, P. (2005). *Don't Hit My Mommy!: A Manual for Child-Parent Psychotherapy with Young Witnesses of Family Violence*. Herndon, VA: Zero to Three. This practical handbook offers treatment guidelines to address the behavioral and mental health problems of infants, toddlers, and preschoolers whose most intimate relationships are disrupted by the experience of violence. Practitioners from a variety of disciplines will gain an understanding of the impact of violence and will discover concrete intervention strategies to address the consequences of this experience for young children. It is based on the authors’ Child Parent Psychotherapy model and evidence-based treatment for children from birth through age 5 exposed to domestic violence.

Courtois, C. (1988). *Healing the incest wound: Adult survivors in therapy*. New York: W.W. Norton and Company. 416 pages. Incest is not a rare aberrant happening, but a common childhood experience for a substantial minority of children. Since incest is generally hidden and denied, the victims are left to cope with their reactions in an atmosphere that contradicts their reality. This book describes the variations and the symptoms, short-term aftereffects, and long-term secondary elaborations of incest from four theoretical perspectives: traumatic stress, developmental, feminist, and loss. The author discusses the salient issues of incest therapy and illustrates these with numerous case studies, showing how incest survivors can heal and build a core of self-respect and dignity.


*Representing Domestic Violence Survivors Who Are Experiencing Trauma and Other Mental Health Challenges: A Handbook for Attorneys* NCDVTMH’s Attorney’s Handbook provides guidance to attorneys who are representing survivors of domestic violence who are experiencing trauma symptoms and/or mental health issues.
health challenges. In the context of civil legal cases, mental health symptoms, diagnoses, and/or treatment are often used to argue that a survivor is not credible or should not have custody of the child/ren. For some survivors, the civil legal process itself can trigger symptoms that can impede participation in a case. This Handbook is designed to increase the ability of attorneys to assist survivors in protection order, custody, divorce, and child protective services cases when mental health is likely to be raised as an issue and to increase the ability of attorneys to assist survivors with minimizing the potentially retraumatizing effect of legal system processes. This project was supported by Grant No. 2008-TA-AX-K003 awarded by the Office on Violence Against Women, U.S. Department of Justice. Available at: http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/AttorneyHandbookMay282012.pdf

Self-Help and Trauma

Allen, J. (1999). *Coping with trauma: A guide to self understanding*. Washington, D.C.: American Psychiatric Press. This work provides a comprehensive yet highly readable summary of current professional knowledge for people of diverse backgrounds and education. Based on an extensive review of contemporary professional literature, "Coping with Trauma" incorporates the author's experience conducting educational groups for patients with a history of severe trauma. This work is particularly useful for those who are struggling to cope with the direct effects of trauma. Partners and family members of traumatized individuals can gain increased understanding of and empathy for their loved ones, in addition to learning how to be more supportive. Mental health professionals who work with people with a history of trauma will find the book to be a useful digest of current knowledge they can share with their patients.

Copeland, M. E. & Harris, M. (2000). *Healing the trauma of abuse: A women's workbook*. Oakland, CA: New Harbinger Publications, Inc. This practical and useful workbook offers skills for coping, exercises and techniques for reestablishing safety and self-worth and was designed for use by women who have been abused. It can be used as a guide for groups, for people who are working on their own healing and recovery, and by agencies or organizations for program planning and implementation. The book describes a weekly lesson process that women can use to relieve the effects of trauma in their lives, either when working in a group, with a counselor, or when, as many women must do, working on their own. It rebuilds self-esteem and gives back the personal power, trust and sense of connection that are taken away by a traumatic experience. The book is based on the findings of an intensive study of strategies that help women who have been traumatized to heal from the effects of this trauma and make their lives the way they want them to be. Available at: http://mentalhealthrecovery.com/store/healing.html

Williams, M. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms*. Oakland, CA: New Harbinger Publications, Inc. This book is designed to help PTSD survivors utilize the emotional resilience they need to get their lives back together after a traumatic event. The work serves as an outline of techniques and interventions used by PTSD experts from around the world to offer trauma survivors the most effective tools available to conquer their most distressing trauma-related symptoms, whether they are a veteran, a rape survivor, or a crime victim. Based in evidence based cognitive behavioral therapy (CBT), the book is accessible and easy-to-use. This new edition features chapters focusing on veterans with PTSD, the link between cortisol and adrenaline and its role in PTSD and overall mental health, and the mind-body component of PTSD.

Vermilyea, E.G. (2000). *Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress*. Baltimore, MD: Sidran Institute Press. 190 pages. Growing Beyond Survival is a self-management workbook, which teaches skills that empower survivors to take control of and de-escalate their most distressing trauma related symptoms. It was developed with input from survivor advocates in Maine, New York, and Maryland, and with the support of the Departments of Mental Health in the states of Maine and New York. This

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workbook can be used as an independent self-help program, in the context of individual therapy, or in a group setting. It teaches trauma survivors to recognize, contextualize, and understand distressing dissociative and posttraumatic reactions. It also creates a structure in which to learn and practice skills for self-regulation of the troublesome thoughts, feelings, and impulses related to traumatic experiences. By learning a variety of interventions, skills, and techniques, survivors are able to select and make use of different “tools” for different self-regulation purposes.

Kasl, Charlotte S. (1992). *Many Roads, One Journey: Moving Beyond the Twelve Steps*. Harper Perennial. 448 pages. Charlotte Kasl pioneered a 16-step empowerment approach for overcoming addiction and trauma. Her approach has many parallels to positive psychology, attachment theory, developing resilience, and respecting individual and cultural differences. It also reflects recent knowledge of brain science. The empowerment model has been widely used in the United States and Canada, and many people are finding it helpful for overcoming depression as well as addictions. Kasl states that “while fear may jump-start people into recovery, love and self respect are what helps them heal.” This book is user-friendly for both provider and recovering individuals.

**Gender-Specific Issues and Responses**

Bloom, B., Owen, B., & Covington, S. (2003). *Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders*. U.S. Department of Justice, National Institute of Corrections. 24 pages. This bulletin, part of a 3-year project titled Gender Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders, examines gender-responsive strategies including the implications for community corrections. As defined by this project, community corrections includes: probation and parole, pre-trial interventions, day treatment, residential programs, community service programs, and other noncustodial interventions. This bulletin summarizes what has been learned about women offenders and their issues; reviews the theoretical perspectives and six guiding principles for managing, supervising, and treating women offenders presented in that report; and discusses the application of the guiding principles in community corrections, including steps for implementation. Available at: [http://nicic.gov/library/018017](http://nicic.gov/library/018017)


Covington, S. S. (2007). *Women and addiction: A gender-responsive approach*. Center City, MN: Hazelden Foundation. Historically, addiction research and treatment have been focused on men. Now there is a growing recognition of the need for gender-responsive and trauma-informed treatment services for women with substance-use disorders. This manual and DVD provide an overview of what is essential in creating woman-centered services, including a theoretical foundation and guiding principles, a discussion of what counselors need to know and do in order to be effective, and a description of important program elements. The complete package is part of Hazelden’s Clinical Innovators Series and includes a self-test for continuing education (CEs).

Levin, B.L., Blanch, A.K. and Jennings, A. (Eds.) (1998). *Women’s Mental Health Services*. Thousand Oaks, CA: Sage. 428 pages. This edited volume examines major issues in the organization, financing and delivery of women’s behavioral health services. It has a particular focus on the social conditions that diminish women’s

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mental health and on a public health response. The volume includes research data on gender differences and disparities, essays on the unique challenges facing women as service recipients and providers, and emerging models for gender-based service delivery. The volume also includes sections on empowerment, women diagnosed with severe mental illness who are survivors of trauma, and at-risk populations.

**Resilience**

Bowlby, J. (1988). *A Secure Base*. New York: Basic Books. This is the original groundbreaking work on the concept of attachment developed by John Bowlby. It offers important guidelines for child rearing based on the crucial role of early caregiving relationships. It also demonstrates how early interactions between infant and caregiver have a profound impact on an infant’s social, emotional, and intellectual growth.

Lester, B. M., Masten, A. S., & McEwen, B. S. (2006). *Resilience in Children*. Vol. 1094, Annals of the New York Academy of Sciences. 400 pages. How are children who have experienced adversity able to function competently? Why do some children appear to be resilient? These fascinating, complex, and puzzling questions have been studied mostly from a behavioral and psychosocial perspective. The goals of this volume are to examine both the behavioral-psychosocial and neurobiological aspects of resilience and to help move the field toward a model that integrates these two perspectives. The integration of the behavioral-psychosocial aspects with the new biology of resilience will provide an unprecedented understanding of processes of development in atypically and typically developing children and will have profound implications for preventive intervention programs.

Lieberman, A.F., Padrón, E., Van Horn, P., & Harris, W.W. (2005). *Angels in the nursery: The intergenerational transmission of benevolent parental influences*. *Infant Mental Health Journal, 26*(6), 504-520. This work introduces the metaphor “ghosts in the nursery” to describe the ways in which parents, by reenacting with their small children scenes from the parents’ own unremembered early relational experiences of helplessness and fear, can lead to the transmission of child maltreatment from one generation to the next. In this article the authors posit that angels in the nursery—care-receiving experiences characterized by intense shared affect between parent and child in which the child feels nearly perfectly understood, accepted, and loved—provide the child with resilience. The work further explores how such “angels” can create patterns of positive adaptation or development in the context of adverse experiences.

Seligman, M. E. P. (1998). *Learned optimism*. New York: Knopf. This work describes how to chart a new approach to living with “flexible optimism,” and outlines easy-to-follow techniques to help people rise above the pessimism/depression that accompanies negative thoughts to build a life of rewards and lasting happiness. “Learned Optimism,” also describes how to recognize one’s “explanatory style” when set-backs are experienced and offers tips to help us and our children practice thought patterns designed to encourage optimism and break the “I-give-up” habit through positive interior dialogue.

**Specific Communities**

Day, J.H. et al (2005). *Risking Connection in Faith Communities: A Training for Faith Leaders Supporting Trauma Survivors*. Baltimore, MD: Sidran Press. 160 pages. Studies show that as many as one in four of the people encountered by faith leaders may have been deeply wounded by life experiences. Risking Connection in Faith Communities will help clergy and lay leaders understand the nature of psychological trauma, how it affects people, and how faith leaders can help. The training is addressed to spiritual leaders, thus particular attention is paid to the spiritual impact of trauma. This curriculum explains the effects of trauma; focuses on the need for growth-promoting relationships; explores the connection between trauma and spiritual distress; recognizes the value of spirituality in recovery; addresses the impact of trauma on the helper; and looks at how faith communities can promote healing. Because the curriculum is intended to be useful to clergy and
lay leaders of many faiths and denominations, the training takes a neutral stance on belief systems; however, examples incorporating such perspectives are offered.

Mollica, R.F. (2006). Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World. New York, NY: Harcourt Press. 269 pages. This book draws from hundreds of interviews, years of research, and the author’s thirty years of counseling experience at the Harvard Program in Refugee Trauma. It focuses on helping people overcome their pain based on people’s inherent ability to heal, and it demonstrates that the lessons we can learn from the survivors of such extreme situations can teach us how to cope better with everyday life. Chapters focus on the trauma story, humiliation, the power of self-healing, storytelling as a healing art, good and bad dreams, and the relationship between societal responses to violence and healing.

Duran, E. (2006). Healing the Soul Wound: Counseling with American Indians and Other Native Peoples. Teachers College Press. 248 pages. Written from an academic perspective, but easily accessible to lay people, this book offers an in-depth explanation of intergenerational grief and historical trauma. It also offers suggestions for providers from the dominant culture on ways to provide appropriate culturally competent services.

BigFoot, D.S. (2000). History of Victimization in Native Communities. 20 pages. The disproportionate amount of victimization risk among Native Americans today can be traced to the policies and practices of early explorers and missionaries and sustained by the Federal Government. The effects of these policies and their implementation have changed the political, economic, social, cultural, and spiritual pathways that previously held tribal groups together. The Federal Government used boarding schools, missions, agents, treaties, and removal to undermine the structure and traditions of tribes, which eventually destroyed the unity and stability of the family and the ability of Native communities to self-govern, hold criminal behavior accountable, and administer justice. This paper provides a chronology of events and Federal policies that have brought Native communities to their current state of vulnerability to victimization, beginning prior to 1492 and encompassing Federal legislation and policies through 1998. This paper goes on to list the distinctive barriers to crime-victim services faced by Native Americans. On a positive note, however, victim services are beginning to be framed within traditional Native teachings of spirituality and cultural relevancy, and Native families are rebuilding. Still, Native families need support services that will increase their sense of empowerment and provide opportunities for them to develop protective social and economic resources.

Willmon-Haque, S. & BigFoot D.S. (2008). Violence and the Effects of Trauma on American Indian and Alaska Native Populations. Journal of Emotional Abuse, 8(1/2): 51-66. 16 pages. Although the American Indian/Alaska Native (AI/AN) people of the New World consisted of diverse cultures with distinctive beliefs, customs, rituals, ceremonies, and territories, they had the shared values of cherishing the family network and extended family relationships, sharing, valuing the wisdom of elders, and respect for nature. Colonization of the New World and its Indigenous peoples brought not only physical violence but also an oppression that attacked the cultural identities, values, and socioeconomic structures and resources through which AI/ANs survived emotionally and physically. This constituted an historical trauma whose effects have been felt among AI/AN families and individuals to this day. Among these traumatic effects are high rates of suicide, domestic violence, substance abuse, poverty, and posttraumatic stress disorder. One of the more promising efforts to address the trauma that pervades AI/AN life is evidence-based treatment practice, which is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. It is based in a broad awareness of distinctive issues that impact Native mental health. This perspective has produced recent efforts by the U.S. Department of Health and Human Services, the National Congress of American Indians, and the Bureau of Indian Affairs to launch healing strategies at the community level. Tribal members have become the key stakeholders and decision-makers in making changes and addressing critical issues of substance abuse, violence, and mental health. Community coalitions have been formed to address systems change that can improve the socioeconomic life of AI/AN communities and individuals.