Who We Are

- Cathy Cave, Senior Training Consultant, The National Center on Domestic Violence, Trauma, and Mental Health
- Helen Skipper, Executive Director, NYC Justice Peer Initiative
- Teena Brooks, Assistant Director, Office of Consumer Affairs, NYC Dept. of Health and Mental Hygiene
- Patrice Peterson, Coordinator, Peer and Community Health Worker Workforce Consortium, (NYC DOHMH)
- Rita Cronise, Coordinator, PeerTAC at the Academy of Peer Services, Rutgers University
- Maryam Husamudeen, NYAPRS, Academy of Peer Services
- Contributions by LaVerne Miller, Esq.
Hopes for Our Time Together

On this Journey We Will...

- Consider the impacts of structural, institutionalized oppression on people as we work
- Describe examples of workplace environments and practices that are traumatizing
- Recognize unique challenges faced by peers and people involved in the legal system
- Share resources that assist with uncovering and eliminating sources of workplace trauma

Self-Awareness and the Invitation to Self-Care

“In the thick of this work we often forget about our own needs until they are so big we can no longer meet them in simple ways.”

Shery Mead
Co-regulation: Calming, Centering, and Grounding Together

Experience Shapes Us:
How We Are, Think, and Engage

Trauma Overwhelms Our Capacities to Cope...
Workplace Harms: Intentional or Unintentional

- Tragedy at work; staff, participants, community
- Inequitable treatment
- Limited team engagement
- Lack of belonging, disrupted relationships
- Over-surveillance based on identity and perceptions
- Deficit focus instead of focus on healing, growth, and learning
- Ineffective supervision, leadership challenges
- Lack of physical and emotional safety
- Persistent trauma and lack of accessible, culturally responsive, and trauma-informed approaches (ACRTI) (NCDVTMH, 2018)

Environmental and Relational Challenges

Skills

Relationships
Program Environment

Organizational Culture

Organizational Climate

Inclusive
Solution Focused
Culturally Grounded and Adaptive
Trauma-informed
Ethical
Collaborative
Nonjudgmental
Trustworthy
Strength-based
Intentionally Anti-oppressive
Survivor Defined
Balancing Formal Authority With Sharing Power
Healing Centered
Equitable

Intention VS. Experience
Staff’s Experiences and Responses

- Personal Experiences and Responses
- Microaggressions and Inequities
- Historical and Collective Trauma
- Secondary Trauma
- Organizational Capacity
- Stress and Burnout
- Role Expectations

ALL STAFF

Warshaw 2009, Cave 2019

Structural Oppression, Stigma, and Discrimination

- Racism; anti Blackness, anti-Asian hate, anti-Semitism, anti-Muslim hate; anti-Immigrant hate
- Sexism
- Ageism
- Ableism
- Heterosexism, Homophobia, Transphobia
- Xenophobia
Roots and Legacies

- Perfectionist Culture
- Worship of the Written Word
- Only One Right Way
- Either/Or Thinking
- Concentration of Power
- Power Hoarding
- Paternalism
- Defensiveness
- Right to Comfort
- Fear of Open Conflict
- Individualism
- I’m The Only One
- Progress is Bigger/More
- Objectivity
- Quantity over Quality
- Sense of Urgency

White Supremacy Culture in Organizations,
Dismantling Racism Works adapted by The Centre for Community Organizations

Assumptions of Privilege

Who is included or excluded?
Who makes decisions?
What are the messages?
Who is judged?
Worthy?
Capable?
Complicit?

Cave 2001, 2014, Cullinan
Impacts: Everyday Acts of Oppression

- Difficult to build and sustain self-esteem and self-worth
- Not set up to succeed
- Contributing to chronic cycles of unemployment and underemployment
- Struggle to feel deserving of a healthier and more inclusive workplace

Secure
Unsafe
Valued
Useless
Included
Outcast
## Common Trauma Reminders and Your Work

| ✓ Specific actions, feelings or sensory reminder of past events |
| ✓ Lack of power and control |
| ✓ Relationship conflict |
| ✓ Separation or loss |
| ✓ Transitions |
| ✓ Disruption of routines |
| ✓ Sensory overload |
| ✓ Feelings of vulnerability or rejection |
| ✓ Feeling threatened or attacked |
| ✓ Loneliness |
| ✓ Current lack of safety |
| ✓ Any previously neutral thing |

Cave and Johnson 2015

### Trauma Can Become a Communal Experience

Organizational trauma is experienced communally but, may easily be mistaken for other individual staff concerns, such as compassion fatigue or burnout.
Where Leaders Tend to Focus

Without awareness, leaders focus solely on individual staff performance rather than on whatever has happened to everyone (or witnessed by many). Individuals may experience feelings of isolation, blame, and failure in their roles.

Often, individuals experience and express the signs of organizational trauma, while the structural processes or events creating the challenges remain invisible and unexplored.
Traumatized Organizations: Staff Responses

- Lowered sense of staff effectiveness and organizational competency
- Reduced sense of respect and empathy for service participants and colleagues
- Strongly identifying with other staff and service participants, unable to separate other’s stress and worry from one’s own

How Do Effective Leaders Counter the Legacy of Lifetime Trauma Through the Quality of Our Supervisory Relationships?

We Balance:
- Real Choice
- Experiencing Respect
- Cultural Resonance
- Shared Responsibility
- Empathy
- Being Heard
- Trustworthiness
- And more...
Complicated Feelings About Power in Our Work

Example of Considering Culture Resilient Wisconsin

For Organizational Leadership
- Leaders model and support behaviors that move past cultural stereotypes and biases based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, and more.
- Leaders are aware of their own implicit biases and privilege.
- Leaders ensure access to gender responsive services and leverage the healing value of traditional cultural connections.
- Leaders incorporate policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served.
- Leaders recognize and address historical trauma among staff.

For Staff
- Staff model and support behaviors that move past cultural stereotypes and biases based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, and more.
- Staff are aware of their own implicit biases and privilege.
- Staff provide access to gender responsive services and leverage the healing value of traditional cultural connections.
- Staff provide services that are responsive to the racial, ethnic, and cultural needs of individuals served.
- Staff recognize and address historical trauma.
Leadership Responsibility:
To Intentionally Shape Organizational Culture and Climate

Countering Perfectionism:
• Are you committed to being a learning and growing organization?
• What can you do to create a culture of learning and growing together?
• What will this feel like for you, for staff?

Making Transformation Possible:
Focus on Wellbeing for Everyone

• Service Participants (Person-Defined Approach)
• Personal and Organizational Strategies for Staff Support
• Practices that counter the impact of trauma on mind, body and spirit
• Openness, flexibility and options
• What do you already do?

Cave and Johnan, 2014
Resources for Support

White Supremacy Culture in Organizations

By Dismantling Racism Works adapted by The Centre for Community Organizations
Applying the Parallel Values of Trauma-Informed Practices

Building a trauma-informed organization takes commitment to the framework’s best practices at every level of your program. Embracing parallel values throughout your organization helps ensure that the day-to-day services and trauma-informed approaches offered by your staff consistently mirror the trauma-informed policies and culture of care established by your organization’s leadership, and vice versa.

Strengthen your internal and outreach trauma-informed efforts by striving for organization-wide adherence to the values of trauma-informed practices described below.

Safety

For Organizational Leadership

- Leaders encourage staff to create wellness plans that protect against vicarious trauma and empathy fatigue.
- Leaders work to make the physical space a sanctuary for everyone who enters the space.
- Leaders continually assess their leadership style.
- Leaders tell staff what they plan to do before they do it.
- Leaders provide clear trauma-sensitive communication.

For Staff

- Staff encourage and assist those working on recovery to create wellness plans that protect against crisis and recovery setbacks.
- Staff create a welcoming and inviting space for those engaged in services to relax and feel comfortable.
- Staff continually model their treatment style.
- Staff provide clear trauma-sensitive communication.
If you have come here to help me, you are wasting your time, but if you have come here because your liberation is bound up in mine, then let us work together.  

Lilla Watson

Reflections and Questions
Additional Resources


- See Handouts from the New York State Trauma-informed Network

Contact info

- Cathy Cave  ccave@ncdvtmh.org
- Helen ‘Skip’ Skipper  NYCJPIExeDir@cases.org
- Teena Brooks  cbrooks4@health.nyc.gov
- Rita Cronise, Academy of Peer Services  coordinator@aps-community.org
- Patrice Peterson  ppeterson@health.nyc.gov
- Maryam Husamudeen  maryamh@nyaprs.org
- LaVerne Miller  Imstuy1978@icloud.com