

Trauma-Informed Restorative Practices

Trauma is an emotional, psychological, physical, and/or neurological response to a *real or perceived threat* to life, well-being, or safety.

When a traumatic experience occurs, a person's or community's sense of safety and well-being can be damaged such that the usual ways of coping don't seem to work. Trauma can negatively affect the mental, physical, emotional, behavioral, and spiritual health of individuals and their loved ones, and that trauma can affect childhood development as well.

Everyone is different, and trauma is subjective – an experience that is non-threatening for one person may be traumatic for someone else. Some, but not all, people who experience trauma may develop Posttraumatic Stress Disorder, or PTSD. People with PTSD may have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended.

Potential causes of trauma include:

- Crime and violence, physical or sexual assault
- Physical, sexual, or emotional abuse
- Neglect
- Domestic violence, stalking
- Neighborhood, school, or gang violence
- Family dysfunction, custody battles
- Sudden or violent loss of a loved one
- War, natural disasters, aggressive animals
- Motor vehicle and other accidents
- Bullying, cyber bullying, persecution
- Arrest, confinement, mandatory hospitalization
- Poverty, racism, discrimination, homelessness
- Witnessing or hearing about any of the above
- Chronic traumatic situations experienced over time

Trauma stress responses and symptoms may include:

- Angry or aggressive feelings or actions
- Irritability
- Difficulty concentrating
- Withdrawal & isolation
- Difficulty describing emotions
- Hypervigilance & reactivity
- Restlessness
- Difficulty trusting others
- Anxiety
- Depression
- Difficulty regulating emotions
- Self-protection & defensiveness
- Self-medication & substance use
- Self-harm
- Despair & hopelessness
- Eating disorders
- Memory impairment
- Bad dreams
- Upsetting memories, images, or thoughts
- High-risk behavior (sex, running away, adrenaline-seeking)
- Self-blame, guilt, & shame
- Disruption of belief systems
- Numbness

People may cope with trauma stress reactions by:

- Avoiding people, places, and activities that remind them of the trauma (isolation)
- Shutting down emotionally or feeling numb
- Having trouble remembering parts of what happened
- Feeling disconnected from the world
- Losing interest in the things they used to enjoy
- Staying busy

Things to consider in your role as an RJ Facilitator:

Many of the people who touch the criminal justice system as victims or offenders have experienced trauma in one form or another. Up to 90% of justice-involved youth and adults report exposure to some type of traumatic event, yet many people are unfamiliar with how trauma can affect their life.

A person who has not been supported in their own needs after a trauma may exhibit:

- Distrust for others
- Resentment toward those who seek to hold them accountable
- Defiance or hostility toward those in authority or perceived authority
- Defiance or hostility toward caregivers

What is Trauma Informed Care?

- Understanding the role that trauma plays in the lives of those who have experienced it
- Avoiding unintended re-traumatization or the creation of more harm
- Facilitating empowerment, participation, and decision-making
- Focusing on strengths and resiliency
- Building security and trust
- Understanding the whole person, providing culturally relevant services

Paradigm Shift: *Something is wrong with the person → Something wrong happened to the person*

Guiding Questions for Trauma-Informed Program Development:

SAFETY QUESTIONS

- To what extent do your practices and setting support the physical and emotional safety of participants?
- How can services be delivered to support comfort and safety more effectively and consistently?

TRUST QUESTIONS

- To what extent do your practices, policies, and setting maximize trustworthiness by making practices clear and consistent?
- How can practices be modified to ensure that tasks and boundaries are established and maintained clearly & appropriately?
- How can the program maximize honesty & transparency?
- To what extent are participants able to give honest feedback about their experience and needs, comments and suggestions for the program?

CHOICE & CONTROL QUESTIONS

- To what extent do your activities and settings maximize client experiences of choice & control?
- How can you modify to ensure choice & control is maximized?

COLLABORATION QUESTIONS

- To what extent to services and setting maximize collaboration and sharing of power among staff, supervisors, and participants?

EMPOWERMENT QUESTIONS

- To what extent do services & settings prioritize participant empowerment & skill-building?
- How can services be modified to ensure that experiences of empowerment and the development or enhancement of skills are maximized?

TRAINING QUESTIONS

- To what extent are your program staff and volunteers (facilitators and community members) trained in trauma informed care?
- To what extent are staff, facilitators, and community members monitored, mentored, and given opportunities for skill building around trauma?

Tips for Integrating Trauma Lens into RJ Practice

- **Accept that it's not about you.**
 - a. Hyperarousal and traumatic reminders can greatly influence behavior. Remember that behaviors common in victims of trauma (disconnect, anger, fear, lack of trust) are not about you personally, and don't reflect on you or your abilities as a facilitator
 - b. Victims of trauma may be in survival mode, dealing with the world around them in a very different way than you may realize
 - c. A person in authority or a person who has the potential to harm may be a trauma reminder and can trigger fight, flight, freeze coping response
- **Provide comfortable environment that enhances safety and minimizes arousal**
 - a. Additional stresses can emotionally and cognitively overwhelm traumatized children and adults
 - b. Limit physiological arousal such as loud voices, crowded spaces (which are common in court rooms and other system facilities)
 - c. Provide: Fidget toys, art, access to door, food and beverages
 - d. Ask: What can we do to make you feel as good as possible in this room?
- **Give choices where possible**
 - a. Our system can retraumatize people by taking away choice and control
 - b. Where do you want to sit? How do you prefer I get in touch with you?
- **Support**
 - a. Don't say "I know what you're going through"
 - b. Do say "I'll be with you to support you and I'll do everything I can..."
 - c. Be genuine, honest, respectful
 - d. Admit when you don't know
 - e. Honor their story without trying to fix it
- **Follow through**
 - a. Don't make promises you can't keep
 - b. Avoid "it's going to be OK" or similar statements
- **Give options for storytelling**
 - a. Don't have to recall every detail
 - b. Can use notes
 - c. Provide supports
 - d. Give choices
- **Ask concrete questions to engage the frontal cortex**
 - a. Where did this happen? Where were you in the room?
 - b. If they are fuzzy, then they may be acting from their amygdala
- **Use grounding exercises**
 - a. Physical activity, humor, feel feet on floor, name things in room (reengage frontal cortex), take break (but don't isolate)
 - b. Ask concrete questions
- **Watch for signs of re-traumatization:**
 - a. Eye contact
 - b. Repetition
 - c. Getting quiet
 - d. Withdrawal
 - e. Denial
 - f. Blaming others
 - g. Minimization of problem
 - h. Avoidance

- **Defuse Acceleration of Trauma Response:** Avoid the following:
 - a. Do:
 - i. Ask what the person needs
 - ii. Ignore verbal disrespect
 - iii. Provide acceptable choices
 - iv. Help predict positive & negative outcomes of each choice
 - v. Wait
 - b. Avoid:
 - i. Power struggles
 - ii. Moving into their space
 - iii. Raising your voice
 - iv. Touching them
 - v. Criticizing
 - vi. Sudden or unpredictable movement
- **Incorporate things that increase resiliency**
 - a. Relatedness to others (connections with community, pro-socials, supports)
 - i. Healthy bonds help brains heal emotionally
 - ii. Positive encounters with caring people release dopamine, which helps improve motivation (it's a physiological reward released by brain)
 - b. Skills that regulate emotions
 - i. Deep breathing
 - ii. Mindfulness
 - iii. Helping others
 - iv. Pros and cons lists
 - v. Observe & describe
 - vi. Distraction
 - vii. Exercise
 - viii. Call a friend
 - ix. Music
 - x. Positive self-affirmations
 - c. Mastery & efficacy (you're good at something & can be successful)
 - d. Self-esteem
 - e. Self-soothing

The 5 Rs of Restorative Justice

Adapted from Beverly Title, Ph.D.

Relationship

Restorative practices recognize that when a wrong occurs, individuals and communities feel violated. It is the damage to these relationships that is primarily important and is the central focus of what restorative practices seek to address. When relationships are strong, people experience more fulfilling lives, and communities become places where we want to live. Relationships may be mended through the willingness to be accountable for one's actions and to make repair of harms done.

Respect

Respect is the key ingredient that holds the container for all restorative practices; it is essential that all persons in a restorative process be treated with respect. One way we acknowledge respect is that **participation in a restorative process is always voluntary**. Every person is expected to show respect for others and for themselves. Restorative processes require deep listening, done in a way that does not presume we know what the speaker is going to say, but that we honor the importance of the other's point of view. Our focus for listening is to understand other people, so, even if we disagree with their thinking, we can be respectful and try hard to comprehend how it seems to them.

Responsibility

For restorative practices to be effective, personal responsibility must be taken. The person who committed the offense must take responsibility for harm that was caused to another, admitting wrong that was done, even if it was unintentional. Taking responsibility includes a willingness to explain the harmful behavior, to answer questions about what happened and the decisions that were made, and to listen to the impacts it has on other individuals and the community. Meaningful responsibility also includes being open to repairing the harm caused in a way that meets the needs of everyone affected.

Repair

The restorative approach is to repair the harm that was done, and address the underlying causes, to the fullest extent possible, recognizing that harm may extend beyond anyone's capacity for repair. Once the persons involved have accepted responsibility for their behavior and they have heard in the restorative process about how others were harmed by their action, they are expected to make repair. To the extent they are interested and able, all stakeholders in the event are involved in identifying the harm and having a voice in how it will be repaired. It is through taking responsibility for one's own behavior and making repair that persons may regain or strengthen their self-respect and the respect of others.

Reintegration

For the restorative process to be complete, persons who may have felt alienated must be accepted into the community. Reintegration is realized when all persons have begun to make new meaning of the harm caused and move toward repair and a new role in the community. This new or renewed role recognizes their worth and the importance of the learning and repair that has been accomplished. The hurtful act is transformed when the persons harmed can share directly with the responsible party the impact of the harm caused. At the reintegration point, all parties are moving toward right relationship with each other and with the community. This reintegration process is the final step in achieving wholeness and healing.

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