A TRAUMA-INFORMED CARE KIT

CREATING A TRAUMA-INFORMED ENVIRONMENT OF CARE

For

ACID AND BURNS SURVIVORS

Mostly Women

Useful strategies, resources and models for health care facilities and service providers to extend trauma-informed care

Acid Survivors Foundation India

Kolkata Delhi Mumbai Bengaluru

January 2015

Welcome to the theory and practice of trauma informed care for acid and burn violence using our Trauma-Informed Care Kit!

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The Charity Pot programme at **LUSH Fresh Handmade Cosmetics,** Vancouver BC, Canada, has enabled this pioneering TICK project through **Acid Survivors Trust International (ASTI), UK,** London. The **Acid Survivors Foundation India, Kolkata** has taken the initiative to see it through. In welcoming our programme, LUSH stated, "We are excited to support you in the good work you are doing and look forward to developing a great relationship between your organisation and our staff."

ASFI's vision

- to eradicate acid violence from India through social, educational and regulatory measures
- to provide care and attention to acid survivors so that they can lead a life of worth, usefulness and dignity
- to promote an enlightened attitude towards human rights, gender equality, women's awakening and empowerment through various means

ASFI's mission

- to set up a network of chapters and collaborations throughout India to achieve the desired goal
- to enable survivors of acid violence to access suitable medical facilities and psychosocial care
- to help in establishing 'Healing and Recovery' centres that provide holistic attention to victims
- to coordinate and collaborate with disparate agencies engaged in similar work for advocacy of acid related causes including adequate compensation, free or subsidised medical treatment, rehabilitation and exemplary punishment to culprits

– to work for elimination of all forms of violence and discrimination against women and to bring about changes conducive to a humane society

Our salutations to the many indomitable women who have suffered acid and burns assaults and transformed into trauma champions: By going past their daunting physical and psycho-social challenges to adapt to a 'new idea of normal'; by picking up a new identity; by tapping into the dormant and invisible power within and finding the strength to rebuilding their lives and selfhood. And, to those women who are on their way to regain a sense of safety and control over their lives.

Apart from our own work experience and understanding of core values, components and strategies that women survivors (of acid and burns violence), health personnel and service providers have found essential for safety and healing, ASFI has greatly benefited from several other toolkits (designed on related subjects) and innumerable research papers. They have provided an invaluable compass and overview to sensitively and purposively design the first ever TICK to create trauma-informed care for women acid and burn survivors. We are hugely indebted to ASTI UK and Lush Charity Canada for their unstinted support to this project; our deepest gratitude also to the International Foundation for Crime Prevention and Victim Care (PCVC) for helping us steadfastly in making the TICK a reality.

We would like to acknowledge the efforts of our editorial consultant Chitra Gopalakrishnan and Shaneel Mukerjee who have pulled this toolkit together.

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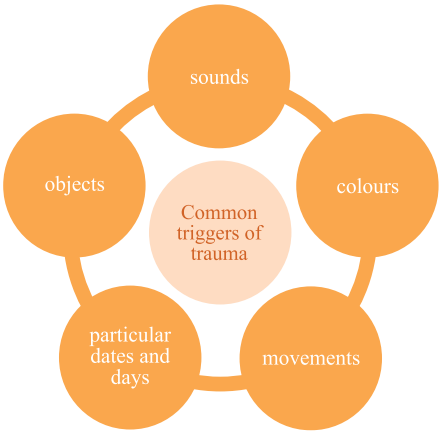
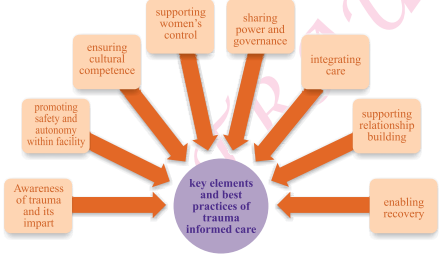
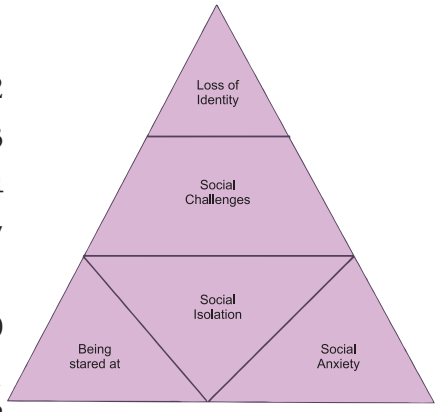
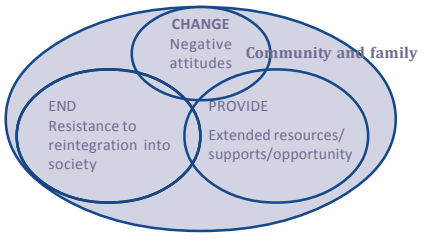








PREFACE

Acid Survivors Foundation India's (ASFI) history of work in dealing with acid violence has led up to this comprehensive TICK equipment.

We see this as an introduction to a new approach (for those not yet familiar with it) — one that is trauma-informed — to address the issues of prevention of further trauma medical treatment, psycho-social care and rehabilitation for women anywhere who are afflicted by acid and burns assaults.

Our sourcebook (available at http://www.asfi.in/upload/media/SOURCE_BOOK_12_feb.pdf) has served as the reference point and base document for this practical TICK. The TICK elucidates and documents techniques, methodologies and approaches that have proven most successful — through experience and research. We are excited about its therapeutic potential when used as an adaptation guide to favourably transform the lives of thousands of women, who have faced enormous, life-threatening violence and are living under severe trauma not only in India but across borders.

Acid and burn assaults are mostly gender specific offences and have more lasting and devastating psychophysical impact on women than other forms of violence. They traumatize the women at every moment of their lifespan. Irredeemable suffering, constant humiliation, irremovable scars, loss of dignity and a deprived sense of belonging become their permanent way of life. With its firm belief in the "United Nations Convention on Elimination of All Forms of Discrimination against Women (CEDAW)", "UN Declaration on the Elimination of Violence Against Women and our own Laws and Constitution. ASFI is keen to bring both these issues into sharp focus for public discourse and consideration. We view the TICK programme as a breakthrough initiative to highlight these twin issues and see this toolkit as relevant not only to India but equally useful across countries for trauma-informed care.

THE TRAUMA-INFORMED CARE KIT (TICK): A BACKGROUND

This TICK by Acid Survivors Foundation India (ASFI) endeavors to develop effective trauma-informed practices and trauma-informed health systems within the existing healthcare facilities and recovery centers for acid and burn women survivors by providing a methodical and well-established frame of reference, and a set of explanatory and operational tools.

TICK: Objectives

Using ASFI's own field experiences information gathered from questionnaires for health facilities, service providers, women survivors and their families international research papers several other toolkits on related subjects, the TICK aims to deliver:

- An understanding of trauma, specifically for women survivors of violence from acid and other burns
- Descriptions of what a comprehensive trauma-informed framework is
- Guidelines to transform health care facilities and service providers to become trauma-informed
- Information on how to develop survivor skills for women to go past the acid violence and burns attack, including empowering survivors to facilitate their own path to recovery.
- An understanding of the importance of combining efforts and support structures around women acid and burns survivors in an integrated model of trauma-informed care

Why the exclusive focus on women?

In many countries, social and cultural beliefs and practices that support violence against women (VAW) are entrenched at all levels — home, family, community, society and the State. The scale and severity of such violence is mounting, especially in South Asia.

While globally there are 1500 cases of acid violence annually (according to Acid Survivors Trust International, UK), an average between 500 and 1,000 cases are reported annually from just South Asia.

Who is this TICK for?

We see our audience as people who work with women trauma survivors' health care facilities, health care providers, service providers from Non-Governmental Organizations (NGOs) and social organizations, representatives of rehabilitation centres, families and communities affected by trauma, trauma-informed care programme designers and implementers, researchers, media reporting on health and gender advocates. Our direct beneficiaries will always be survivors of acid and burns attacks, who can either directly use this manual or benefit from it indirectly through its use by health care and service providers.

How to use TICK

The kit is divided into specific sections so that readers can swiftly locate and use what they need. It can be used as a regular guide or consulted from time to time.

It is best used as a practical and introductory guide to complement professional services and not replace them.

1

UNDERSTANDING TRAUMA: WOMEN SURVIVORS OF VIOLENCE FROM ACID AND OTHER BURNS

Every event in our life affects us to a certain degree. Some events seem insignificant and we often do not remember them. Others leave a lasting impression on us.

A traumatic event is one where a person 'experiences, witnesses, or is confronted with actual or threatened death or serious injury, or threat to the physical integrity of oneself or others'*

Though it may be a single event, its impact is so huge that it affects almost every area of the person's life afterwards. The consequences of a traumatic event are life changing and often devastating.

Women who suffer acid attacks and burns experience trauma like this.

Levels of Trauma

Chronic trauma — Occurs due to repeated attacks

Complex trauma — Long - term impact of the traumatic event This results in noticeable changes in the brain that negatively affect psychological, social, emotional and thinking abilities To deal with the trauma the person may indulge in health risk behaviour, such as over eating, excessive smoking and/or drinking alchohol

Acute trauma — Result of a single traumatic event

*The American Psychiatric Association's Diagnostic and Statistical Manual - DSM-IV.

Trauma and violence against women (VAW)

What happens when a woman is attacked with acid or burnt?

Physical Impact: There is severe physical agony

Psychological, Social, Emotional Impact:

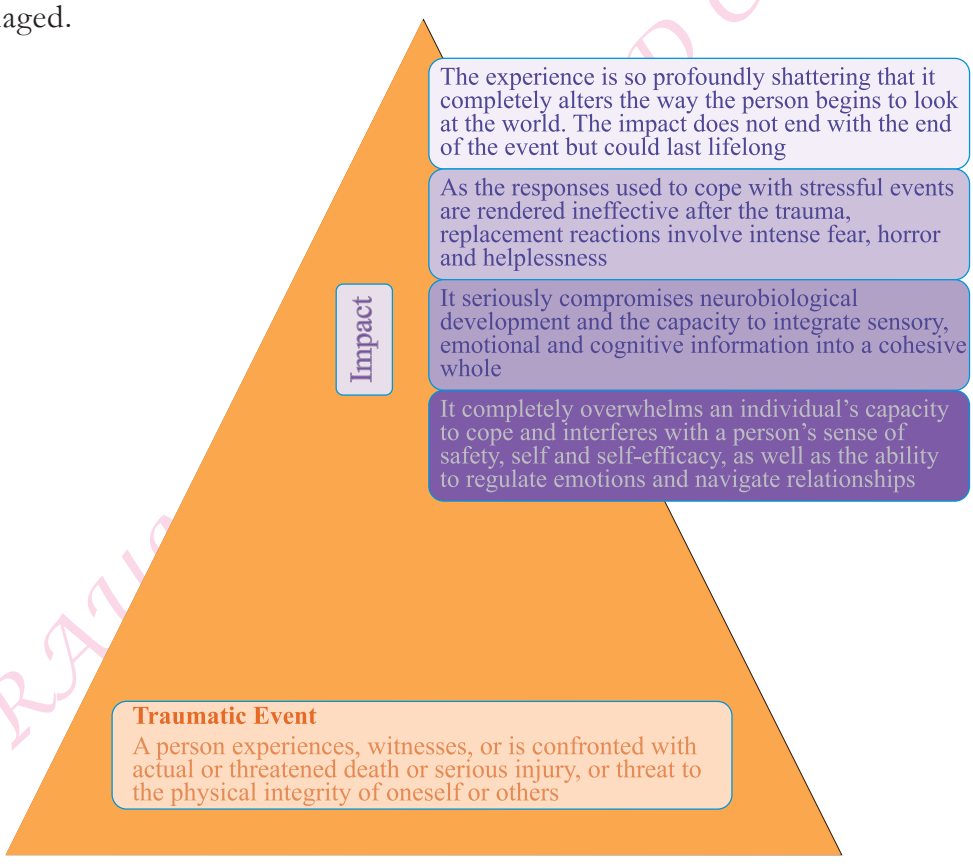
She feels an overwhelming s*ense of helplessness, fear and horror.*

– This severely affects her *coping skills* (ability to adapt/adjust and deal with routines, frustrations and challenges in daily life).

– This also greatly upsets her *sense of self* (personal identity), *self-efficacy* (belief in oneself and one's ability to achieve a goal), and *safety*.

– Controlling her emotions and managing relationships becomes a struggle.

Her ability to put together and organize her thoughts, emotions and sensory information (what is received through our senses like sight or hearing) into a meaningful whole is damaged.



Trauma and domestic violence (DV)

DV is usually not a single event but a regular and continuous process of abuse. The abuse in DV is usually done in many ways such as verbal (threatening, humiliating),

financial (controlling money so dependence is more), sexual and physical (such as hitting, forcing the person to engage in sexual activities, not giving the person food, locking her up in a room without any light).

The trauma experienced in DV affects both the woman and her children.

The situation is worsened since many women have to continue to live with their abuser for cultural, social and economic reasons. There is often nowhere else to go or no one to help. The community or institutions are not always sympathetic or supportive and this worsens the trauma experienced.

When a woman is burnt or attacked with acid in their home the severity of the violence is unbearable since it seems like the end of the road. It is not surprising that many commit suicide or attempt to.

The four 'E's' of trauma

Four factors play a key role in trauma:

- Event: the traumatic event
- Experience: the woman's experience of the event determines whether it is traumatic for her
- Environment: other's responses and availability of support will also play a role in determining the person's experience of the event
- Effects: the person's Experience and Environment will determine the long-term adverse Effects the event has on her

What makes trauma challenging for the survivor and supporters?

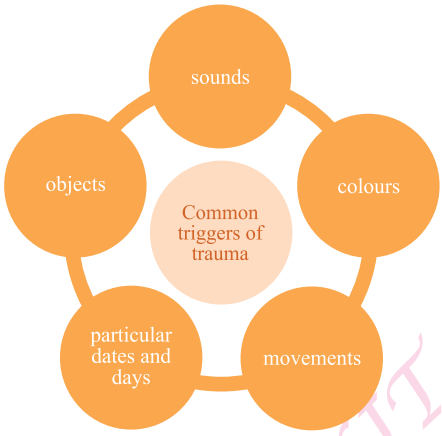
- There is no one-way to understand trauma or predict/guess women's responses.

  Each woman will react differently as each woman has experienced trauma differently.
- The woman's experience of the event will determine whether the event is, and at what level it is, traumatic.

  A woman who has a supportive environment will be able to cope better and recover faster than someone who does not have emotional or social support.

  Negative ways to deal with the trauma, like health-risk behaviours, arise when a woman's ability to cope is low and these behaviours will remain till she recovers.
- The many ways in which a woman may have been abused – rape, stalking, sexual abuse – add to the trauma of being attacked with acid or burnt. This is often referred to as multi-abuse trauma.
- Often the attacker is a trusted person resulting in a suspicion and/or fear towards others, even those who may be trying to help.

Trauma Triggers:



Any real experience or a nightmare, or any smell, taste, feeling or sound that slightly or closely resembles the trauma experienced could remind her of the past trauma. These memories are 'triggers' which revive the past trauma and will cause her to respond as if she was going through the experience again. This is known as flashback.

– **Hyper-arousal, Hyper-vigilance mode:** When a person faces any danger the natural reactions are either to – fight (hit back), flight (run away) or freeze (not react). After the danger passes the body and brain usually return to normal.

When a woman is attacked with acid or burnt the trauma is so huge that the body stays in a state of **hyper-arousal** (constant state of anxiety, panic, muscle stiffness), **hyper-vigilance** (survivor is always on the lookout for danger and is distrustful of new people, situations and places) and **exaggerated startle reflex** (survivors may be easily frightened or unable to get used to sudden sounds or movements). This constant state of alertness leads to irritability, weakness, exhaustion, concentration problems and sleep disturbances among others.

Post traumatic stress disorder (PTSD)

PTSD is a psychiatric condition that may develop after a traumatic incident. This develops among some women who are attacked with acid or burnt.

Though the incident may be blocked out emotionally they re-experience the event through flashbacks and nightmares, a hyper-vigilant state becomes permanent, and new fears may set in.

Internationally recognised guidelines for the diagnosis of PTSD

- Exposure to a traumatic event: the person experienced, saw, or learned of an event in which they felt a real or perceived threat of serious injury, death, or other violation of integrity to themselves or someone else
- Re-living some part of the traumatic event (one or more). Disturbing thoughts, perceptions, images, etc.
- Recurring dreams of the event
- Belief that the event is happening again, hallucinations, or flashbacks (children might re-enact the trauma through play)
- Intense distress when exposed to reminders of the traumatic event
- Physical reactions (such as vomiting, shivering)when exposed to the reminders or trauma triggers

Effects of trauma

Physical

- Eating disturbances (more or less than usual)
- Sleep disturbances (more or less than usual)
- Pain in areas involved in the traumatic experience
- Itching
- Low energy
- Constant unexplained pain

Spiritual

- Guilt
- Shame
- Self-blame
- Self-hatred
- Difficulty in holding on to faith
- Feeling damaged

Behavioural

- Self-harm such as cutting oneself
- Substance abuse
- Alcohol abuse
- Gambling
- Isolation
- Choosing friends that may be unhealthy
- Repeated failure of self-protection
- Suicide attempts

Emotional

- Feeling completely different from others (utter aloneness, belief no other person can understand, or nonhuman identity)
- Depression, crying for no apparent reason, despair and hopelessness
- Anxiety
- Extreme vulnerability
- Panic attacks
- Fearfulness and frightening thoughts
- Compulsive and obsessive behaviours such as constantly washing one self
- Feeling out of control
- Irritability, anger and resentment
- Emotional numbness such as not responding with the usual emotions as one should
- Difficulties in existing relationships

Cognitive

- Memory gaps, specially about the trauma
- Loss of time
- Re-living experiences or always thinking of the trauma which is overwhelming
- Preoccupations with attacker (including thoughts of revenge, belief that attacker has total power, acceptance of attacker's belief system and idealizing the relationship)
- Difficulty in making decisions

Some examples of women's behaviours linked to Trauma Reactions

BEHAVIOURS	COMMON TRAUMA REACTIONS
Hospital Setting	
Does not answer questions about the incident or does not remember sequence of events, stares blankly	Difficulty remembering things, confusion, too many thoughts at once, disconnection between self and event
Is alert for signs of danger, appears to be tense and nervous	Hyper-alertness or hyper-vigilance, threatened assumptions (that the world is not safe or less safe than before)
Is gripped with fear, wants to know what has happened to her body	Replaying the event, confusion, feeling helpless, feeling not herself
Rehabilitation Setting	
Has difficulty sleeping, keeps talking to others constantly all through the night, keeps roaming in the night, complains that the setting is not comfortable	Nightmares, insomnia (can't sleep), disturbing images, flashbacks, replaying the event.
Refuses to do exercises, forgets schedules, does not cooperate with the counsellors or therapists	Avoidance of traumatic memories or reminders, depression, reduced interest in everyday activities, difficulty in concentrating or remembering
Complains of aches and pains like headaches, stomachaches, backaches	Psychosomatic symptoms (thoughts and emotional state leads to what feels like actual pain), weakend immune system
Does not talk much to others in the facility, keeps aloof, will not accept help from others	Feeling detached from others, increased need for control, difficulty in trusting, numbness/ grief, feeling vulnerable
Has interpersonal conflicts with others in the facility	Irritability, restlessness, outbursts of anger or range
Is alert for signs of danger, appears to be tense and nervous	Hyper-alertness or hyper-vigilance
Emotionally "out of control." Unpredictable emotional responses.	Emotional swings - like crying and then laughing
Resorts to anti social behaviour, taking away other's things, lying, blaming others, does not want to abide by rules.	Feeling unsafe, helpless, need for more control

Why is an understanding of trauma vital for healthcare facilities and health and service providers attending to women acid violence and burns survivors?

A lack of understanding of trauma, its deep and long-lasting effects and the specific needs of women who have been attacked often lead to serious misunderstandings of the survivor's responses and needs among health personnel and service providers. This could lead to acute frustration and actually cause more harm rather than help survivors. Hence, health staff and service providers at all levels and all roles need to respond appropriately with this understanding.

2

WHAT IS A COMPREHENSIVE TRAUMA-INFORMED FRAMEWORK?

There are a number of people who will be involved in supporting a woman attacked with acid or burn after the incident. These include health care professionals, counselors, police personnel, legal professionals, social workers and other organizations among others.

Some like health care and allied health care professionals (for example nurses and doctors, psychologists, social workers etc.) will have to directly treat injuries or diseases/ illnesses, and conditions resulting as a consequence of these. These people work in **Trauma-specific services**.

Other services and service providers (for example non-clinical staff at trauma-specific services, police forces, legal professionals etc.) do not treat symptoms or syndromes related to thermal / acid burns or other trauma. However, they need to be informed about and be sensitive to trauma-related issues as they are involved in the post procedure

Both Trauma-specific services and these other services need to deliver **TRAUMA-INFORMED CARE** with a **TRAUMA-INFORMED APPROACH.**

What is Trauma-informed care?

Trauma-informed care is:

- Based on an understanding and sensitivity to the impact of trauma
- Emphasizes physical, psychological and emotional safety of both providers and survivors to rebuild a sense of control, resilience and empowerment
- It is client-led
- It focuses on the strengths of the people involved and future outcomes.

What is a trauma-informed approach to care?

A trauma-informed approach to care is essential to heal women affected by acid violence and burns.

This includes:

–	Engaging with women about their histories of trauma.
–	Accepting the huge significance of trauma and its effects in their lives
–	Addressing the violence and victimization she has faced, and minimizing the possibilities of victimization and re-victimization
–	Recognizing that behaviours and responses expressed by survivors are directly related to the traumatic experiences and nothing else
–	Assuring her that her symptoms are understandable and normal
–	Attempting to understand the woman as an individual and the background in which she is living (providing culturally-competent services) instead of just focusing on her symptoms
–	Exploring possible paths for the holistic healing of women in partnership with them, respecting their choices and their definition of safety
–	Fully integrating knowledge about trauma into every policy, procedure and practice
–	Attempting to reintegrate women into their everyday social and community life.
–	Bringing in family and community networks to support her healing and recovery.
–	Trauma-informed services need to offer women trauma-specific services

A trauma-informed approach will ask 'what has happened to you?' rather than 'what is wrong with you?' Rather than asking 'how do I understand this problem or this symptom?' a trauma-informed service provider will ask 'how do I understand this person?'

In a country like India especially, where people are so diverse, a trauma-informed care approach will require all service providers to be culturally competent.

Cultural competence is 'a set of knowledge, attitudes, behaviours and policies that interact to enable effective work in cross-cultural situations. It requires a respect for differences both within and between groups of people,'

A service provider's ability to understand how a woman's multiple identities and social backgrounds add meaning to the experience of trauma and then take forward the process of recovery within this framework comprises the main feature of culturally competent care.

A culturally competent care provider for acid violence and burns survivors should be able to:

–	Take into consideration a woman's background and culture
–	Make an accurate health assessment based on a woman's background and culture
–	Communicate the assessment to the affected woman
–	Devise treatment plans which respect her beliefs
–	Identify and gently change through discussion gender-biased myths and barriers that limit the effectiveness of trauma-informed care
–	Highlight cultural values that promote prevention of violence against women, and help women draw on cultural values and beliefs that support their safety and dignity
–	Prepare service systems in health care facilities for trauma-informed care.

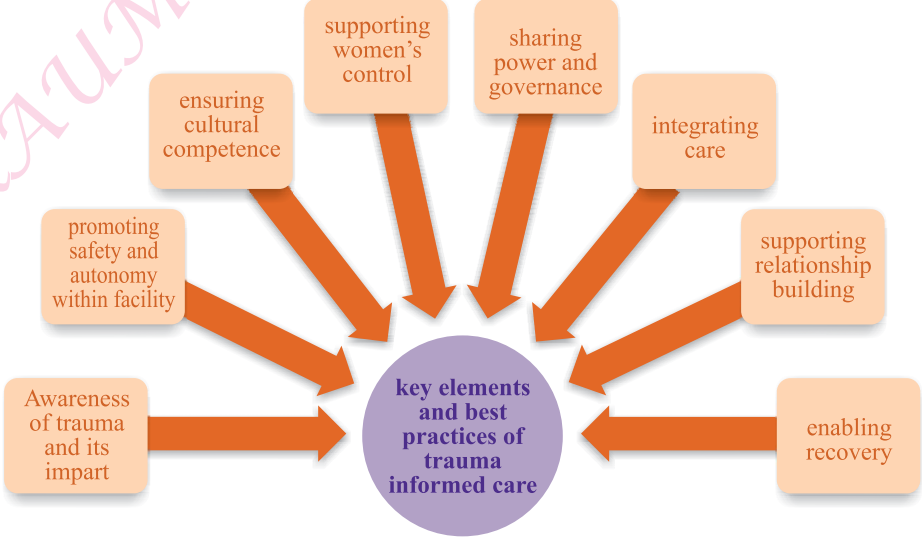
Traditional"vs. "Trauma Informed Approach" to care

	"Traditional"	"Trauma-Informed"
Understanding trauma	It is a single event. The response is defined/ diagnosed as Post Traumatic Stress Disorder. Impact is predictable.	It defines and forms the core of an individual's identity. Makes the survivor question every aspect of their life and changes how they view themselves and the world. Impact varies from person to person.
Understanding the survivor	The survivor and her problems are the same. The problem is independent of context. There is no distinction between a problem and a symptom. Survivor is given too little or too much responsibility.	Emphasis on understanding the whole individual and her background/every aspect of her life. Symptoms arise as a result of trying to cope with the trauma. Survivor evaluates her responsibility for change - is not a passive victim.

	"Traditional"	"Trauma-Informed"
Understanding services	Goal is stabilization – once symptoms have been managed treatment ends. Services are crisis-driven System tries to minimize risk to itself. Services are content specific, time limited and outcome focused	Goal is to return a sense of control and self-sufficiency to the survivor. Emphasis is on skill building and secondarily on symptom management. Risks to the survivor and the organization are weighted. Service time limits are set in collaboration with the survivor. Services are focused on the survivor and their strengths and future goals. There is also a focus on prevention of further trauma.
Understanding the service relationship	Survivor is passive recipient of services Provider is given more power and status in the relationship Survivor often finds herself frightened and cautious	There is a genuine collaboration in the service relationship Trust must be earned Provider and survivor both bring their strengths to the relationship.

When service providers take the step to be trauma-informed for women survivors of acid and burns violence, every part of its organistaion, management and service delivery is modified to include a basic understanding of trauma and how it affects the lives of these women.

Eight key principles and best practices of trauma-informed care



Awareness of trauma and its impact on women who have suffered acid violence and burns: Her emotions, identity, relationships, expectations of herself and others, and her worldview all come first. Services should be 'survivor-centered'.

Promoting safety and autonomy within the facility: The survivor must be allowed to determine modes and methods for their physical and emotional safety. Her tolerance in these areas needs to be respected and connections made only at the level she is comfortable with.

Ensuring cultural competence: Culturally competent staff are aware of their own cultural attitudes and beliefs, as well as those of the women, families and communities they support. They are able to interact effectively with different cultural groups.

Supporting women's control: Women survivors of trauma should be assisted to regain a sense of control over their daily lives and build skills to strengthen their sense of resilience, independence and eventually recovery.

Sharing power and governance: Collaborative ways of determining treatment and recovery of women must be ensured through involving the survivor in the process; power and decision making should be equal across all levels of the organization; and practical means of sharing power and governance (recruiting women to the board and involving them in the design and evaluation of programs and practices) should be explored. The final measure of sharing power and governance – a sign that it has been accomplished – is when a woman steers her own way to recovery.

Integrating care: This involves bringing together all the services and supports needed to assist individuals, families and communities to enhance their physical, emotional, social, spiritual and cultural wellbeing.

Supporting relationship building: Supporting a woman's experience gives her assistance that has been denied so far by other structures and caused her trauma. The focus should be on interacting to build relationships with her and her family and community, if healing and reintegration is to be complete.

Enabling recovery: Allowing women to take charge of their recovery by using their resilience (courage, values and beliefs); other strengths (inherited, learned and chosen); skills (natural talents, learned and practiced skills); outside resources (people, information, organizations) and support of their families and communities is the main goal of trauma-informed services. Recovery does not mean complete freedom from post-traumatic issues but seeing that women regain within themselves a sense of renewal.

Skills and characteristics outlined below are essential for service providers providing trauma-informed care:

Good listener: Active listening by focusing attentively, leaning, nodding, making eye contact and body proximity (at a distance the survivor is okay with) encourage women to open up feelings that aid in healing.

Creating opportunities for a dialogue: A non-judgmental manner, repeating what has been said (paraphrasing), reflection or thinking of what has been said, and questioning to open up dialogue, allows women to face up to their situation.

Being empathetic: Providers saying 'I get the sense that you are feeling sad by what happened' does not sound judgmental but like s/he is trying to work out the woman's thoughts. This helps women handle overwhelming feelings. It is important to remember that the intention is to treat the whole person and not just react to behaviours or their feelings.

Open and unhindered communication: The provider needs to talk openly about feelings related to the trauma with the woman, giving her time and space to disclose details. If women are not comfortable discussing certain things, the service provider needs to back away. However, it is also important that the service provider not communicate his/her prejudice. Doing so might make the woman feel more guilty, shameful or hurt.

Flexibility: Normal routines or procedures could be changed to accommodate trauma survivor's difficulties and behaviours.

Able to calm down a survivor: The provider must be able to calm an agitated woman through talking to her and sensory interventions (for example providing a space that aids in physical and mental comfort, bringing her belongings, art therapy, journal writing and social support).

Willingness to connect emotionally with women trauma survivors: In order to make a strong connection with trauma survivors, providers must step into her world

Able to regulate own emotions and de-brief: Providers need to be able to control their emotions and stay grounded during and after work with survivors. Tips include: calming breathing techniques, drinking water periodically and being aware of one's own memory triggers. If the provider is to be successful in handling the process, it is important that they be able to debrief with co-workers about their experiences with trauma survivors.

Six elements that make a health care service a trauma-informed one:

- A brief and general statement based on an analysis of the organisation's strengths, weaknesses, opportunities and threats should be the starting point of the culture change.
- The facility's goals should match with trauma-informed care, which means an altered working environment for employees and the survivors.
- Policies and procedures should be re-oriented to address trauma-informed care.
- There is need to implement a 24-hour on-site response to observe, analyse and debrief all cases.
- The development of an organizational training plan and curriculum in advance as the basis of a new vision is a must.
- Communicating about the different way of functioning through a variety of means (posters, stickers, caps, signs on gates, letterhead, name badges) is necessary.

Self-assessment tools to evaluate degree of trauma-informed preparedness

Please use the following modules (adapted from another toolkit) to check the level of preparedness and ability of your facility, services and service providers to provide trauma-informed care. These modules can be adapted to your needs if required. Complete versions of these modules and similar modules are available in our sourcebook at http://www.asfi.in/upload/media SOURCE_BOOK_12_feb.pdf

Service provider checklist

Knowledge:

■Y■N Can you explain to a client what trauma is, including effects?
■Y■N Do you recognise the signs and symptoms of trauma, even if a person does not verbally tell you?
■Y■N Do you know what PTSD is? Can you explain it?

Comfort level:

■Y■N Are you comfortable asking about traumatic experiences and hearing the responses?
■Y■N Are you willing to actively listen to difficult feelings and emotions that may arise?
■Y■N Are you comfortable talking about traumatic experiences?

Relationship building:

■Y■N Is establishing trust and safety a priority in your work with people?
■Y■N Do you make sure clients are comfortable with the questions you ask on assessments?
■Y■N Do you try to establish a genuine, caring connection with clients?

Responding to disclosure:

■Y■N Do you acknowledge to the client the difficulty and courage involved in talking about trauma?
■Y■N Do you respond to disclosure with belief and validation?
■Y■N Do you encourage the client to disclose only what they are comfortable with sharing?

Coping:

■Y■N Do you ask clients how they cope with the difficult feelings surrounding the trauma?
■Y■N Do you ask how they cope with difficult behaviours that may result from the trauma experience, i.e., substance abuse?
■Y■N Do you acknowledge the link between trauma, mental health, and addiction?

Personal attitude sand beliefs:

■Y■N Do you believe that trauma survivors are resilient and able to recover?
■Y■N Do you believe that you can affect positive change for clients?
■Y■N Do you dispel them any myths surrounding trauma in your work with people?

Strengths-based:

■Y■N Do you focus on clients' strengths and resources?
■Y■N Do you try to instill a sense of hope and change for clients?
■Y■N Do you work as a team with the client, letting them make decisions about their care?

Organisational checklist

Philosophy:

■Y■N Does your organization include trauma recovery as part of its mandate and/or programming?

■Y■N Does your organization subscribe to the evidence-based, best-practice, trauma-informed treatment model?

■Y■N Does your organization support efforts to minimize the possibility of re-traumatisation?

Staff training:

■Y■N Do you train staff on the dynamics and impact of trauma?

■Y■N Do you encourage your staff to attend in formation sessions and workshops on trauma?

■Y■N Do you train staff in communication and relationship-building skills?

Cultural awareness:

■Y■N Do you provide training for staff in cultural competency?

■Y■N Does your organization strive to include ethnic and minority groups in staffing and client programmes?

Policies and protocols:

■Y■N Does your organization include universal screening for trauma for all clients?

■Y■N Has your organization ensured that current policies and protocols are not hurtful or harmful to trauma survivors?

■Y■ Does your organization involve trauma survivors in the creation of policy and protocols?

Survivor involvement:

■Y■N Does your organization include trauma survivors in programme development and evaluation?

■Y■N Does your organization include trauma survivors in service provision in paid or voluntary roles?

■Y■N Does your organization get assistance from trauma survivors when developing procedures that are potentially invasive?

Supervision for providers:

■Y■N Does your organization have mandatory supervision for staff working with trauma survivors?

■Y■N Does your organization foster a climate of sharing feelings and experiences related to clients in a safe and confidential setting?

Total Y:____Total N:____ Date:_____How did your work place score?
Revisit this survey after putting the trauma-informed toolkit into practice and re-evaluate.
Total Y: Total N: Date:

3

HOW TO TRANSFORM HEALTH CARE AND OTHER FACILITIES AND SERVICE PROVIDERS TO BECOME TRAUMA-INFORMED

All service providers can adapt and use (within their capacity) the methods below to bring about a change towards trauma-informed care in their organisations.

Beginning the transformation in approach at health facilities

Before attempting to become trauma-informed for women acid and burns survivors, it is important for a health care facility to assess its organizational capability and available resources, and address shortcomings.

I. A leadership team must be appointed who could plan the systemic change methodically.

This team has to be convinced of the need for a changed approach to ensure that the plan succeeds.

This core leadership team could begin the process of change by:

– Re-creating a treatment environment based on understanding the characteristics and principles of trauma-informed care systems. This is where policy, procedures, and practices are framed on the basis of an understanding of the neurological, biological, psychological and social effects of trauma and violence on women acid and burns survivors.

– Setting in place systems of care focused on recovery which are women-centered, and takes into consideration choice, respect, dignity, partnerships, self-management of recovery and full inclusion.

- Having a training plan and curriculum ready much ahead of the launch so that it can be used soon after the health care facility staff is informed of the new direction.
- Breaking down the transformation of the facility into manageable parts.
- Slowly introducing efforts to change the treatment approach (so that it does not overwhelm health care providers) yet ensuring that trauma-informed care and practices are introduced at all levels consistently and continuously.
- Engaging women survivors (recovering and recovered) from the start to define the facility's vision, values, and mission, and also to assess the facility's inclusiveness, self-awareness and level of compassion; a 'women survivor suggested and approved' is the best way forward.
- Encouraging clinical staff, medical professionals and therapists, who are part of the core team, to gain support of peers who are reluctant to adopt new ideas through workshops and focus discussions.
- Training all health care providers and volunteers simultaneously on trauma-informed care: trainings should include supervision, mentoring and working together as a team to ensure it has the best outcome.
- Finding practical solutions to barriers, which will help all health care providers by ensuring the new approach works.
- Analyzing reasons why sections of health care providers are unable to perform within the new system; reassigning duties to manage undesirable attitudes.
- Recruiting trauma champions from within providers to motivate, lead by example and act as internal consultants.
- Seeking ways to enable family and community participation in a sustained way.
- Including the teaching of life skills for women in daily treatment schedules.
- Tracking data to monitor and evaluate the effectiveness of the approach.
- Incorporating feedback of staff and women survivors into programs.
- Making resource materials on trauma-informed care available to staff and volunteers.
- Documenting innovative practices and models which can be built on.
- Undertaking regular performance reviews for course correction.

II. Strengthening health care facility infrastructure and services to deliver trauma-informed care

Administrative criteria

– The planning of systems for trauma management involves several integrated functions – mobile emergency medical services, pre-hospital triage (to determine which patients should go to which types of healthcare facilities), transfer criteria and transfer arrangements between hospitals.

Written policies

– There must be a written document/policy or position paper available to implement trauma-informed care in a methodical way. This should include clinical practice guidelines, policies, procedures, rules, regulations and quality standards of the facility

– Policies on workforce recruitment, hiring, retention, orientation, training, support, abilities and job standards for trauma-informed care must be clear.

Screening and admission

- Stepping into a health care facility is very scary for a woman who is under severe physical and emotional pain. A noisy reception area and lengthy admission forms can be overwhelming (even if it is filled out by the staff)
- While screening for trauma, triggers, cultural and personal background, domestic violence, children's histories and medications, it is essential that it be done unhurriedly, preferably in phases. Women must be allowed to slow down or stop if they are uncomfortable about disclosing personal details. This is because screening is an ongoing process that happens through her period of treatment.
- Using staff who are the opposite gender from the perpetrator at the reception helps.

Priority to life-threatening injuries

- These women must be treated immediately in accordance with established medical procedures and priorities to maximize the likelihood of their survival.

Physical and environmental safety

- The health facility must have well-lit spaces, security systems, doors, lockable bathrooms and locker cubicles, posters on survivors rights in understandable language; culturally recognizable décor, a soothing and clean environment, child-friendly spaces, and available provisions for menstruation and hygiene
- Some women need to be restrained for legal and security reasons. Provisions for this must be in place
- Each woman's sense of safety varies. There should be plans to provide for individual requests and these should be fulfilled.
- Potential trauma triggers must be identified and mechanisms to handle them must be in place
- Many women will not remember the rules discussed, or break them to cope with their stay. The facility must have methods in place to deal with such situations.
- Sometimes the areas/rooms where the women stay will need to be checked. Clear boundaries and advance notice on these checks must be followed.
- Equipment, supplies and methods to manage women's pain, scars, itches, sleep problems, both medically and through relaxation therapies, must be in place.

Comprehensive and integrated services

- Women patients have multiple needs:
  - Clinical treatment (grafting, reconstructive surgeries, exercises, dressing of wounds)
  - Counseling (for trauma, domestic violence and parenting)

- Reintegration into society (where volunteers gradually introduce her to old and new social groups through befriending and mentoring techniques. These efforts are to enable her to find a way back into society)

The service therefore must be multi-pronged to reduce physical, social and emotional distress.

- Apart from the main health care facility, there must be provisions for recovery and rehabilitation centers with therapists and counselors; out-patient centers where women can come back for follow ups post discharge; as well as collaborations with social groups.

Involving women survivors

- A respectful inclusion of women in
  - Their treatment (keeping them well informed and involving them in dressing of wounds)
  - Day to day operations of the facility
  - Designing of rooms and placement of recreational and treatment areas where possible
  - Opportunities for input into service goals, design, delivery and evaluation
- Rules on meeting children must be clear. Steps must be taken to reduce her fears and to reassure her that they are doing well

Strength recognition and skill building through activities

- These activities must be identified, sequenced and introduced into the operations
- Trauma-specific services can help in this area as they build coping skills, strengthen interpersonal relationships and help develop positive self-esteem.

Forums for women that are mutually supportive

- Shared experiences and mutual exchange of stories among women survivors can help them understand that they are not alone and allow them to deal with some of their pain. These must be established.

Adopting established trauma-informed models

- A good example of a trauma-informed service model is the Sanctuary Model. Both staff and women survivors are allowed to become decision makers and create a democratic and non-violent culture.

It incorporates these into organization functioning:

- Non-violence (helping to build safety skills)
- Emotional intelligence (helping to teach/affect management skills)
- Inquiry and social learning (helping to build cognitive skills)

- Shared governance (helping to create civic skills of self-control, self-discipline, and administration of health authority)
- Open communication (helping to overcome barriers to healthy communication)
- Social responsibility (helping to rebuild social connection skills)
- Growth and change (helping to restore hope, meaning and purpose)

– The survivor's involvement in service delivery model requires the provision of comprehensive information to women survivors about their service options, which should allow them to direct their own treatment.

It also attempts leadership training so that women can inform programme development.

III. Practical tips for improving service providers' skills to extend trauma-informed care.

The eight key principles and best practices of trauma-informed care for women acid violence and burns survivors have already been discussed in Chapter II (small diagram at Page no.17) Some of these are explained again in greater detail with important examples below.

1. Awareness of trauma and its impact on women who have suffered acid violence and burns

- Providers need to respond with compassion and encouragement when women are attempting to deal with traumatic feelings that are overwhelming. Information about what they are undergoing and what to expect in the future must be provided. This assures the women that what they are facing is normal and there are no surprises in the future
- They need to support women in understanding the connections between their experience of trauma and their present strategies for coping

- Early warning signs of re-occurrence of trauma could be – restlessness, agitation, pacing, and shortness of breath, sensation of tightness or sweating. It might develop into clenching of teeth, wringing hands, bouncing legs, shaking, crying, giggling, or breathing hard before it develops into re-occurrence of trauma. Providers can help them contain this and assist in the learning of coping strategies, emotional management, healing and empowerment.
- Providers need to treat the whole 'individual' rather than merely reacting to behaviours.
- Regular supervision, team meetings and debriefings are important support activities for providers.

2. Promoting safety and independence within the facility

- Taking the following precautions can ensure the woman feels **physically safe:**
  - Avoid forcing too much eye contact with the survivor
  - Be aware of proximity to her
  - Avoid asking her too many questions
  - Offer frequent breaks
  - Ask before attempting to touch or console her
- A feeling of **emotional safety** can be ensured by the correct choice of language, tone and behaviour. When planning for women to feel emotionally safe providers should pay attention to triggers like:
  - Women seated or staying too close to each other
  - Their space being invaded
  - Not being listened to
  - Loneliness, isolation
  - Fear of the dark
  - Being teased or taunted
  - Too much yelling at the facility
  - Being touched
- Strategies to calm and soothe emotions include:
  - Encouraging conversation
  - Singing
  - Reading a book
  - Taking a shower
  - Lying down
  - Listening to music
  - Exercising
  - Going for a walk
  - Speaking to a therapist
- The environment in the facility should further a feeling of physical and emotional safety:
  - Warm, welcoming, soothing private and public spaces are necessary for women to interact in and withdraw to.
  - Service providers should have calm personalities to help women feel less traumatised.
  - Understanding boundaries – physical and emotional – means only making connections at the level the women are comfortable while allowing them to set the agenda for what they want to accomplish and how.

3. Ensuring cultural competence

A provider would need to

- Explore a woman's meaning of violence and harm within her family and culture
- Respect a woman's cultural norms about domestic and other violence and help her reframe her experience within that framework
- Inform her about norms that are supportive of women and the ones she can draw on to build her resilience
- Protect her privacy and confidentiality with respect to the details she divulges
- Be cautious of his/her own cultural biases and not let it affect the healing and recovery process

4. Supporting women's control

- Providers should help the women regulate stress responses and emotions at their pace
- Women should be allowed to tell their story when they feel it is the right time. Providers can suggest she keep a diary to chart her emotions, responses and progress.
- Providers need to respect a woman's defenses. It is important not to take them away before they have the strength to protect themselves in healthier ways.
- It is unrealistic to expect instant trust. However the provider must do everything in his/her power to be trustworthy.
- Providers need to ask the women what will help them feel comfortable/ better and how best they can be helped

5. Supporting relationship building

- Providers need to listen to a survivor's story closely so that her unique experience is understood. It is important to understand what a woman is saying and how she is saying it, and also what she is not saying.
- The questions asked must be in the language that the woman understands, and not be too intrusive or abrupt. Having a dialogue is often a better approach, with a focus on informational exchange interspersed with social talk.
- Providers need to ask a woman how she is feeling at different points in her stay.
- Many survivors may wish to keep in touch with their partners even though they have inflicted serious harm on them. Sometimes, there is confusion on what to feel for their partners. It is important for the providers to realize that all these feelings are real. The provider will have to help the woman deal with this confusion and grief by accepting her wide range of emotions.

6. Enabling recovery

- Recovery from trauma follows a pattern of
  - Securing safety and stabilizing symptoms
  - Reconstructing the trauma and transforming the traumatic memory to something manageable
  - Reconciliation with self
  - Resolving the trauma

  It is vital for women survivors to be assisted through these stages.
- Providers must also be actively involved in post-facility referrals and follow ups.

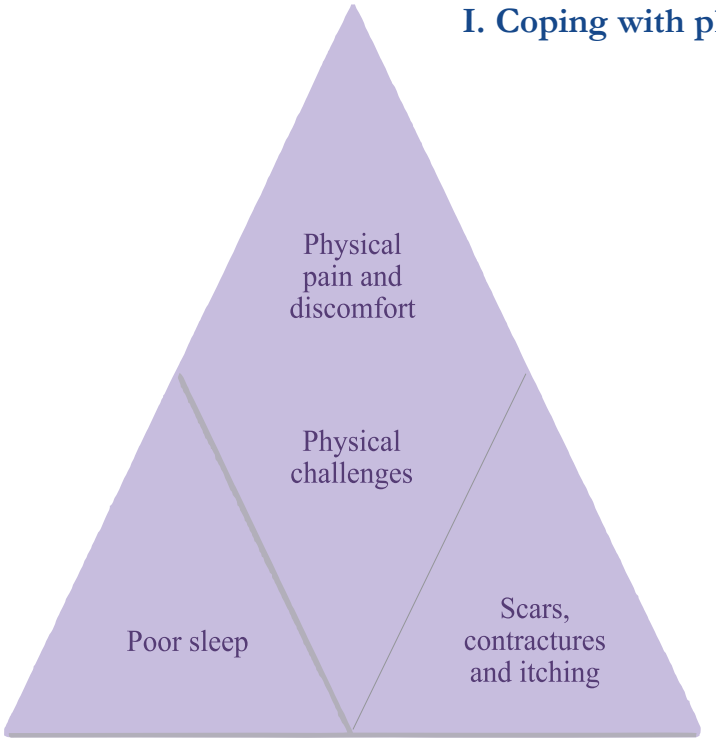
4

DEVELOPING SURVIVOR SKILLS FOR WOMEN: GOING PAST THE ACID VIOLENCE AND BURNS ATTACKS

- How do women get over assaults on them with acid or being burnt?
- How do they deal with their changed appearances and circumstances?
- How do women manage after their treatments in health care facilities?
- How do they deal with ongoing pain, itching and scars?
- How do women cope with the loss of social support post the tragedy?
- How can social anxiety and isolation be minimized?
- How can families help the women better?
- Is complete reintegration into families and society possible?
- How can women deal with the intense and unavoidable psychological fallouts of their trauma?

The answers to these questions lie in the provision of multi-pronged and integrated efforts by several agencies with trauma-informed approaches to care that focus on the holistic treatment of women. This will result in the empowering of women to gather the will and courage to move forward and take on a new identity.

I. Coping with physical challenges



Coping with physical pain and discomfort

The **pain and discomfort** from an acid or burn injury is treated using:

- Opiates, however these may be less effective for chronic pain. Side effects of these are constipation and depression
- Over the counter pain medications such as non-steroidal anti-inflammatory drugs
- Anticonvulsant medications that work by changing the way the body experience pain. Their effectiveness varies from person to person
- Sleep medications for when pain interferes with sleep
- Antidepressants, some of which provide pain relief for some people (even if they are not depressed) and these also help with sleep.

Poor sleep

* **Poor sleep** needs to be treated urgently as it can worsen the ailment and pain, slow down wound healing, cause restlessness, irritability and changes in behaviour. Non-medical methods of treatment could include:
  - Sleep hygiene that involves following sensible guidelines for promoting regular, restful, good-quality sleep such as taking a warm bath, avoiding stimulating activities such as watching television just before bedtime among others.
  - Stimulus control to 're-programme' the mind to associate the bedroom and bedtime with only calm and pleasant activities rather than failure to fall asleep.
  - Touch therapy where a continuous rhythmic massage is undertaken of non-injured parts
  - Music therapy that involves the playing of soothing music
  - Relaxation techniques like meditation, imagery training, biofeedback, hypnosis and yoga
  - Cognitive behavioural therapy that teaches sleep hygiene, uses stimulus control techniques, and trains the person in relaxation methods/practices
  - Body distress is a huge challenge for women who have to live with permanent disfigurement.

Dealing with scars, contractures and itching

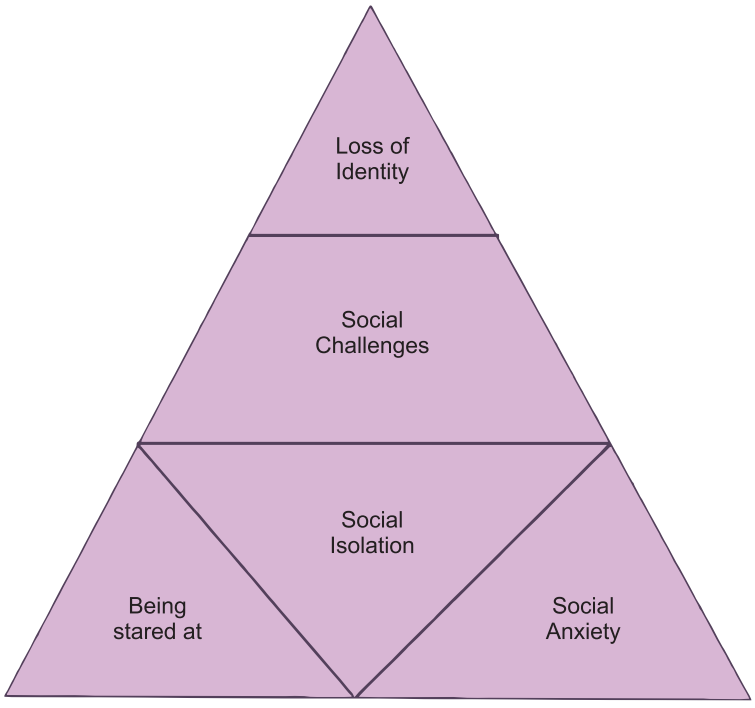
Scars, contractures and itching may be dealt with in the following ways:

- Skin breakdowns and wounds can be dealt with by limiting exposure to the sun
- Contractures (chronic loss of joint motion due to structural changes in non-bony tissue) can be tackled through the use of casts and splints and stretching exercises.
- Blisters, skin tears or ulcerations can be contained by putting firm pressure over the wound for about five minutes until the bleeding stops. Then the area needs to be washed gently and a small amount of antibiotic ointment and a non-stick dressing such as Xeroform or Adaptic needs to be applied.
- Hypertrophic burn scars (scars in the area of the original burn that are raised) can be handled using pressure garments, silicone gel sheets, massages and surgical treatments.
- Itching could be relieved with the use of pressure garments, moisturisers, oral antihistamines, and silicone gel sheets.

Disclaimer: Medications must always be used with physician's advice

II. Coping with social challenges

What are the social challenges a woman survivor will face?



Loss of identity

Acid and burn survivors experience social challenges during the transition from the safety of the hospital back into the community. Accepting their own and others reactions to their condition and disfigurement is the first hurdle. A loss of identity; self-identity, family identity, gender identity and racial identity, is a serious threat.

Being stared at

It is very difficult to deal with people staring, discussing a woman's injuries in public when she can overhear, asking intrusive questions, or bullying and teasing. It is not always possible to avoid these situations.

Social anxiety

A woman survivor may be suffering from social interaction anxiety if she exhibits any of the following behaviours:

- feeling nervous or on edge when meeting new people or among strangers
- avoiding social situations
- feeling isolated and alone
- feeling depressed or emotionally distressed

Abandoned by families

Women survivors are often abandoned by their families. This includes their spouses, in-laws, parents and even children. Sometimes they have to go back to living with the spouse who attacked them or in-laws or parents who do not want to have them back. After being subjected to extreme violence they also have to deal with a lack of social support and acceptance despite it not being their fault.

Staying in health care facilities and rehabilitation centers also have their share of social difficulties. Women with different symptoms from different age groups and strata of society have to live together and this can sometimes be challenging

What can a woman survivor do to deal with social challenges?

Some strategies that women survivors could use when meeting strangers or going into public places are:

- confident body language
- being warm and friendly
- smiling often
- using a welcoming tone of voice
- making eye contact

Social interaction skills training can help a woman deal with stares and questions.

If people stare, women could look back or frown or ask what is bothering them.

Questions could be answered positively or with humour or the subject could be changed if the women are not too keen to discuss.

The 3-2-1-GO! Strategy includes being ready with:

- 3 things to do if someone stares at you
- 2 things to say if someone asks what happended
- 1 thing to think if someone turns away

For social isolation the following strategies may be used:

- **Befriending:** is a technique used to help a survivor re-enter social spaces. It is defined as 'an intervention that introduces the client to one or more individuals, whose main aim is to provide the client with additional social support through encouragement and an emotion-focused relationship over time'.
- **Mentoring** is another method that could be used. The mentor and the client set objectives/targets at the beginning. The mentors work often with the client on a short-term basis. One key goal is to provide the client with the necessary skills and abilities to ensure that they are able to continue and maintain any achieved change following withdrawal of the service. If any social relationship develops between the mentor and client that is just incidental.
- **Volunteers** provide vulnerable women with emotional, practical and social support. They also act as links between the community and public services, and help individuals find appropriate interventions.

Families can help women survivors in the following ways:

- **By being patient and understanding** as the survivor heals from emotional or psychological trauma. It is very important to be patient with the pace of recovery since everyone's response to trauma will be different.
- **By offering practical support** to help women get back into a normal routine. That may mean buying groceries or helping with housework.
- **By not pressuring women into talking but being available when they want to talk.** Some survivors find it difficult to talk about what happened and it is important that they are not forced to talk. They should know that their family members are there to listen whenever they are ready.
- **By helping women socialize and relax.** Encouraging them to participate in physical exercise, seeking out friends, and pursuing hobbies and other activities that bring them pleasure will help.
- **By not taking the trauma symptoms personally.** Women survivors may become angry, irritable, withdrawn or emotionally distant. This is often a result of trauma and does not necessarily indicate a relationship problem with the family member.

III. Coping with psychological challenges

1. What causes psychological distress?

Psychological distress is caused by:

- Thinking about the event
- Anxiety due to the changes in appearance because of scars
- Hurtful reactions to the injury in public
- Extreme pain during physical healing
- Dealing with pain that continues for years afterwards
- Immense itching
- Dependence on others
- Disruption of normal routines
- Separation from family and friends
- Being shunned socially
- Lack of intimate relationships
- Extensive financial burdens (medical, legal etc)
- Worries about the future

2. What is the result of this distress ?

As a result of the psychological distress a woman survivor's

- Recovery slows down considerably
- Pain and itching worsens
- Depression symptoms increase
- Participation in rehabilitation therapies and wound care lessens
- Communication with burn team members gets more difficult
- Interest and pleasure in daily activities reduces
- Sleep gets disrupted

3. What can be done for the woman survivor to address these psychological issues during and post treatment?

– Providing professional help at the facility to restore her sense of physical, social and psychological safety. Providing her with a soothing environment
– Alerting her about what to expect in terms of pain and the emotional handling of the situation when she enters the facility
– Allowing her to develop a bond with the therapist so that the woman associates her/him with comfort and reassurance

–	Helping her to work with the therapist in coordination with the health providers and service providers at health care and recovery centers.
–	Directing her towards the goals that have been set in a consistent way
–	Ensuring medication is taken
–	Helping her to live a healthy lifestyle with full sleep, good diet and regular exercise
–	Instilling trust within her by building trustworthy relationships at the facility
–	Coaching her in relaxation techniques, especially those with focused imagery, which can be very helpful in quickly assisting the woman survivor to feel more comfortable.
–	Explaining that her mood swings, anger, sadness, anxiety are normal: extending this information to the family as well.
–	Teaching her to talk about her feelings, asking for the help she needs, controlling self-hate and Post Traumatic Stress Disorder
–	Helping her to be able to recognize when psychosocial problems are beginning
–	Helping her to re-visit the feelings and horrors of the past while holding on to the sense of safety extended by the facility in the present.
–	Involving the woman's family and friends in her care; psychotherapists must calm their concerns and enable them to help the woman survivor to empower herself. They must be encouraged to visit to provide reassurance and familiarity.
–	Aiding her to form new social bonds if the old ones have collapsed
–	Encouraging her to attend professionally-led support groups and choose the one that addresses her concerns the best
–	Encouraging her to build relationships with other survivors; they can provide invaluable help in recovery
–	Allowing her to keep familiar and comforting objects with her
–	Helping her find comfort in getting back to doing the things she did before the incident
–	Encouraging her to focus her energies in activities she enjoys
–	Maintaining continued care through all her phases of treatment

4. What Trauma-specific techniques can psychologists and other professionals work on with women survivors?

–	Grounding: This technique deals with detachments from reality and personal experiences and focuses on being aware of the present (here and now). It connects the woman to the moment so that she can connect with her resources and options
–	Relaxation: This is useful in reducing the stress placed on the woman's body. The acid and burns injuries cause stress that results in muscle tension, which increases pain. This is dealt with using relaxation techniques.
–	Reality check: This is the process of assisting a woman to figure out what is actually happening in the moment rather than what she feels is happening
–	Feelings check: This is following the cycle of feelings and emotions to try and control them
–	Imagery: This is using the imagination to manage difficult experiences.
–	Journal writing and artwork to facilitate self-awareness and acceptance
–	Behavioural therapies: Teach skills to manage powerful emotions
–	Cognitive (thinking) relaxation techniques: This is using the power of thoughts to relieve stress. It includes meditation and a process called 'cognitive restructuring' which helps change the way the woman thinks about her pain and reassures her that the pain is temporary and manageable
–	Somatic relaxation techniques use deep breathing, yoga, and progressive muscle relaxation to relieve tension in muscles.
–	Hypnosis has been shown to be a powerful tool in relieving both acute and chronic pain. A psychologist can teach a woman survivor self-hypnosis that could be included in her daily routine.
–	Appropriate regulation of activities: daily activity and regular exercise are crucial to rebuilding strength and stamina. Caution should be used so as not to overdo it as that may increase the pain.
–	Talking: This includes describing thoughts and feelings to oneself and others.

IV. Phases of Recovery with Expected Psychosocial Symptoms and Suggested Treatments

Phase	Expected Symptoms	Recommended Treatments
Admission	Anxiety, terror, pain sadness, grief	Antianxiety medication Analgesic medication Psychological support, reassurance relaxation techniques
Critical Care	As at admission acute stress disorder	Antianxiety medication Analgesic medication Targeting acute stress disorder symptoms
In-hospital Recuperation	Increased pain with exercise Anger, rage Grief Depressive episodes, rapid emotional shifting	Analgesics Psychotherapy (cognitive-behavioural and family therapy) Pharmacological treatment of anxiety and depression
Rehabilitation and reintegration may be several years	Adjustment difficulties Post Traumatic Stress Disorder (PTSD) Anxiety (including phobic response) Depression	Re-entry programme medication targeting PTSD Psychotherapy (cognitive-behavioural and family therapy, social skills) Anti-anxiety medication reduces over time Anti-depressant medication

Patricia E. Blakeney PhD, et al; Psychosocial Care of Persons with Burn Injuries, The International Society for Burn Injuries, Texas, available online: Source: http://www.worldburn.org/documents/PsychosocialCare.pdf

Recovery

The question often asked is whether women survivors ever go back to normal. The answer is that these women do go back to leading productive and fulfilling lives. Survivors say that they have found a new sense of normal.

It is important to view survivors as having been through an extraordinarily difficult time, which involved finding the strength to survive that experience and finding ways to protect themselves and their children.

Many women who suffer acid and burns violence at the hands of their husbands find the courage to leave the relationship and fend for themselves. Others find a way to stay and reconcile their feelings of anger and distrust with acceptance and forgiveness.

Whatever the solution a woman survivor arrives at – it is her own. We need to celebrate this power of hers.

- **Qualifying recovery**

The road to recovery is a long and hard one. While the effects of the trauma may stay with a woman for the rest of her life, one can say with a degree of certainty that she has recovered when

- she is able to control her physical symptoms of PTSD
- she is able to handle feelings associated with her trauma
- memories don't limit what she chooses to do
- memories of the trauma are linked to feelings – a reconnection with something that has been numbed
- damaged self-esteem is restored
- important relationships have been re-established
- she has reconstructed a system of meaning and beliefs that include the story of the trauma
- she has begun to take decisions and acts on them
- taking control of her life requires her to face dangers as well –this is a remarkable breakthrough
- she emerges as a new person having integrated the learnings from before, during and after the experiences of her trauma

Exit interviews

When women survivor leave health care facilities and rehabilitation centers after treatment, they are expected to face the world, with or without family and social support. Exit interviews at these facilities are very important in this regard as it can prepare them about what to expect after and enable a smooth transition.

Exit interviews are not easy. It is about termination of a long-lasting relationship that has been supportive and caring. Providers must therefore be sensitive to the emotions that a woman will go through, and the fact that many of them will feel anxious at leaving a safe space.

The woman leaving a facility must go with the message that:

- She is normal and expected to fully recover
- There are going to be difficulties during the adaptation process while she develops a new life, new body image and new meaning of happiness.
- Self-sufficiency is important as she will have to develop new social skills to deal with predictable hurtful reactions of others
- There will be some degree of risk as she takes more control over her life and participates more actively in her community. Her newly developed positive coping skills will come in use while dealing with this.
- There will be days or moments when her emotions will again spiral out of control
- Family (in whatsoever way she describes it) should be part of her recovery process
- It is entirely possible to be strong and capable, optimistic and independent.

Community reintegration: the final step

The primary objective of trauma-informed approaches for women acid and burns survivors is to ensure their full reintegration into the community. Community reintegration may be defined as a sense of social inclusion – to belong to, to be valued by and influence the society that one belongs to. There is enough evidence to show that participation of these women in community activities facilitates recovery.

There are going to be challenges in reintegration in society especially where women are treated as unequal to men and violence against them is considered insignificant. There may be resistance to community integration because of negative public attitudes. Many communities are unwilling to change attitudes or try and ease the re-entry of these women into society.

Community re-integration needs to include:

Education and employment

Many women survivors who want to return to studies or work have been unable to when their illnesses have been most serious or because of social and institutional rejection (on the basis that the institutions are not equipped to deal with them)

Health care:

Most hospitals do not have special wards or rehabilitation centres

Recreational and vocational facilities

There is little or no provision for such facilities

Community engagement

Most women survivors are eager to be part of something useful but find no opportunities

Family and friends

Many women have to deal with family and friends cutting all connections with them. They need help from the community to regain connections and make new ones.

Reintegration into the community must not be mistaken as charity. It means:

- Taking women survivor's self-determination and choices more seriously
- Promoting the use of mainstream resources by women survivors when they want
- Addressing the barriers that limit women survivor's opportunities
- Recognizing women survivor's skills and strengths
- Extending resources/supports that will help women survivors to better their lives

5

COMBINING EFFORTS AND SUPPORT STRUCTURES AROUND WOMEN ACID AND BURNS SURVIVORS

One can say a facility, or service providers or a system for women who have suffered acid violence and burns is truly trauma-informed when it:

Fully understands the centrality of violence in their experiences

Registers the import and intensity of the impact of trauma in their lives

Recognises and responds accordingly to the signs and symptoms of trauma they exhibit

Explores potential paths for the holistic healing of women in partnership with them

Fully integrates knowledge about trauma into its every policy, procedure and practice, and attempts to reintegrate women into their everyday social and community life

Women who are attacked with acid or burnt die early in the hospital due to fear, hospital induced infections or mere shock.

If they do survive to leave the hospital the barriers for survival are poor nutrition, lack of clean environment and inadequate or no emotional support.

The absence of recovery and healing centers focusing on rebuilding their lives is a huge limitation. With very few such centers giving them support to regain their sense of self, these women are generally left feeling helpless and alone.

The integrated model of trauma-informed care is a revolutionary step for the care of women survivors. Every provider in this system offers a gateway to life after trauma for these women.

Within its framework, trauma-informed care provides a solution with best outcomes because it focuses on:

- Understanding the needs of the individual and using a survivor-centered approach

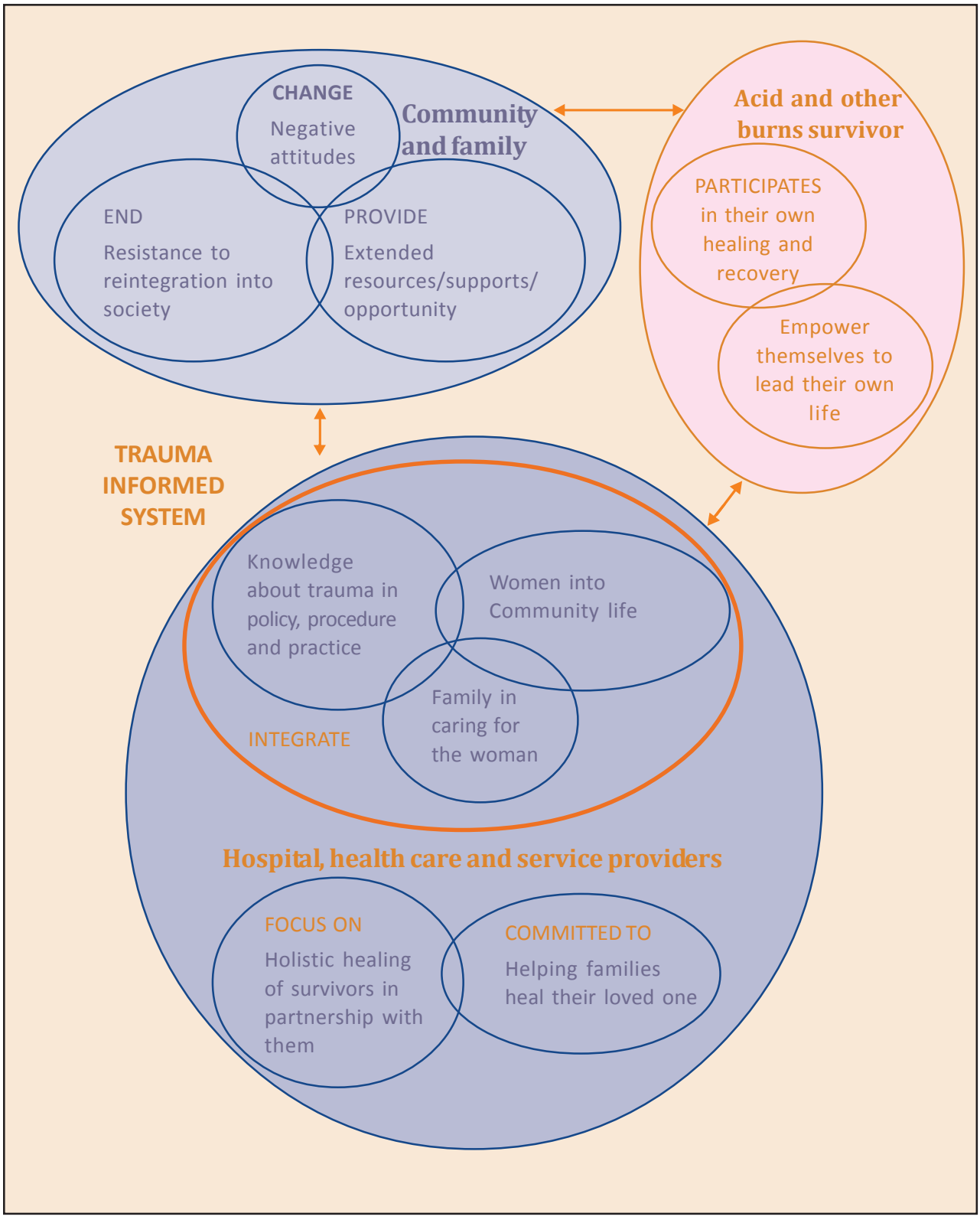
- Integrating the efforts of health facilities, service providers of all varieties, women survivors *(allowing her to rebuild her life and sense of worth with her own efforts)* and their families and communities *(breaking down barriers of social isolation, changing attitudes on violence against women, assisting in giving women their rightful place in the community)*.

Here everyone has a role to play and their efforts are collectively beneficial. This creates an atmosphere of inclusive caring.

The results of these efforts will result in a profound positive change for all.

Trauma-informed care can help societies interested in delivering 'health with care' excel as it paves the way for different agencies and groups to come together around a common concern.

In trauma-informed framework health facilities, prevention programmes, human rights organizations, government agencies and civic groups get a chance to work together to create healthier, safer, and more productive communities. As individuals, groups and organizations become aware of trauma and its consequences new forms of collaboration emerge and people work together to prevent violence and trauma, and respond effectively when it does occur.


CHANGE
Negative attitudes
Community and family
END
Resistance to reintegration into society
PROVIDE
Extended resources/supports/ opportunity
Acid and other burns survivor
PARTICIPATES in their own healing and recovery
Empower themselves to lead their own life
TRAUMA INFORMED SYSTEM
Knowledge about trauma in policy, procedure and practice
Women into Community life
Family in caring for the woman
INTEGRATE
Hospital, health care and service providers
FOCUS ON
Holistic healing of survivors in partnership with them
COMMITTED TO
Helping families heal their loved one

PROGRESSIVE PARTNERSHIP: ASTI UK, LUSH CANADA, ASFI AND PCVC

The Charity Pot programme at LUSH Handmade Cosmetics Vancouver BC, Canada, (through Acid Survivors Trust International (ASTI) UK) has enabled and supported this landmark TICK. It is a first-of-its-kind pioneering effort as it brings acid and burns violence within the fold of trauma-informed care. We address issues of prevention, medical treatment, psycho-social care and rehabilitation for women afflicted by acid and burns assault through a new transformative and healing approach, untried in this area before. The trauma-informed care approach is normally extended to destitutes, addicts, homeless and assorted violence victims. This unique, restorative approach has also been successfully used with people who suffer from mental imbalances. ASTI and LUSH Charity have provided much needed support to ASFI to apply this approach for the very first time to women who have suffered from acid violence and burns. Physically, emotionally and psychologically devastated and caught in a seemingly irredeemable situation, it is hoped that this approach will enable a swifter and more complete recovery for them.

The result of our effort is incorporated in this bold and innovative TICK programme. It attempts to acquaint health care facility and service providers of various kinds with this approach -- explaining and demystifying each of its components. The significance of this approach lies in the fact that it is survivor-centered and looks at the survivor beyond the hospital treatment to her re-entry into the community and to recovering her personality.

The LUSH Charity Pot programme of LUSH Fresh Handmade Cosmetics began in North America in October 2007 to raise money for worthy organisations and projects involving environmental, animal and humanitarian issues. The Team donates part of their proceeds to grassroots organisations that can use the helping hand to continue the incredible work they do. They believe in the true meaning of charity, helping those who need it most and supporting groups that they feel passionately about.

ASTI is a registered charity in England and Wales, based in London. Its sole purpose is to work towards the end of acid violence across the world using a committed team of expert volunteers who work to ensure that effective resources are available to support survivors on their journey and that their human rights and dignity are upheld. ASTI is a centre of excellence working hand in hand with its in-country partners in Bangladesh, Cambodia, Uganda, Pakistan, Nepal and India to end acid and burns violence. As a partner of ASFI, it has been a steady source of strength.

Acid Survivors Foundation India's (ASFI) beginnings stemmed from an initiative to explore the possibility of setting up a countrywide network in India for prevention of acid violence, after-care of survivors and advocacy for protection of the victims' rights. With the cooperation of the UK based ASTI and leading Indian citizens in some metropolitan towns, ASFI (earlier known as Acid Survivors Trust India) was established at Kolkata in December 2010. It is the central coordinating agency with branches in Delhi and Mumbai. With its deep commitment to public good and human rights and concern for the plight of traumatised acid victims, it was able to approach LUSH, Canada for support. LUSH, through its partner ASTI London UK, was able to support the TICK programme. ASFI's commitment has been the inspirational force behind the TICK.

The International Foundation for Crime Prevention and Victim Care (PCVC) is a non-profit, registered public charitable trust based in Chennai, Tamil Nadu. The organisation, founded and registered in 2001, was started as a response to Chennai's noticeable absence of support agencies for women who are survivors of domestic abuse. PCVC's mission is to help rebuild lives damaged by abusive family relationships and to facilitate the process of self-empowerment for women survivors of family violence. Its contribution to the TICK programme has come through rigorous research, technical guidance and editorial inputs. It is gratifying that PCVC and ASFI have worked together on this project for mutual benefit and synergy in the belief that every woman has a right to safe, healthy and productive life. The outcome in the form of TICK program bears testimony to their selfless work.

Using our own work as a pathway and through a review of innumerable academic reports, research papers and publications, we have in this TICK attempted to collate a range of practical, evidence-based methods, tools, strategies, resources and models to build capacity for trauma-informed approaches, care and trauma-specific services within existing health care facilities and recovery centres. We hope that it helps our intended audience and forges new partnerships to strengthen this approach.

"For references please refer to the source book at
http://www.asfi.in/upload/media/
SOURCE_BOOK_12_feb.pdf"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