

**Marquette University Law School
Andrews Center for Restorative Justice**

Tips for Integrating Trauma Lens into your legal and/or restorative justice practice.

The prevalence of trauma in the population we serve in the legal system is often very high. Always look for signs and symptoms and keep learning about trauma.

- Accept that it's not about you.
 - a. Hyperarousal and traumatic reminders can greatly influence behavior. Remember that behaviors common in victims of trauma (dissociation, anger, fear, lack of trust) are not about you personally, and don't reflect on you or your abilities as a lawyer or judge.
 - b. Victims of trauma may be in survival mode, dealing with the world around them in a very different way than you may realize. Their priorities are often different than what you expect or judge to be more important.
 - c. A person in authority, such as a judge or lawyer, or a person who is perceived as potentially harmful may be a trauma reminder to a victim and can trigger fight, flight, freeze coping responses.
 - d. Even seemingly harmless items or comments can trigger trauma responses in vulnerable individuals, so be on the alert.
 - e. Be aware that a client may dissociate or be overly compliant rather than agitated or combative.
- Provide comfortable environment that enhances safety and minimizes arousal
 - a. Additional stressors can emotionally and cognitively overwhelm traumatized children and adults.
 - b. Limit, if possible, physiological arousal such as loud voices, bright lighting, crowded spaces (which are common in court rooms and other system facilities).
 - c. Provide: Fidget toys, art, access to door, food and warm or cold beverages. Visual tools can also be helpful (lava lamps, Newton's cradle, water bubble game, Tetris).
 - d. Ask: What can we do to make you feel as comfortable as possible in this room?
- Give choices where possible
 - a. Our system can re-traumatize 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" even if you feel you do.
 - 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. Victims sometimes ask difficult questions about what will happen next and we should avoid misleading them when we are unsure ourselves.
 - e. Honor their story without trying to fix it. "Thank you for telling me your story" goes a long way.
 - f. Validate their feelings.
- 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 getting the facts
 - a. Don't have to recall every detail.
 - b. Can use notes.

- c. Provide supports.
- d. Give choices.
- Ask concrete questions to engage the prefrontal cortex
 - a. Where did this happen?
 - b. Where were you in the room?
 - c. If they are fuzzy, then they may be acting from their amygdala.
 - d. Ask them to draw a diagram or picture to show what happened.
- Use grounding exercises to reengage prefrontal cortex
 - a. Physical activity, humor, feel feet on floor, name things in room, take break (but don't isolate).
 - b. Ask concrete questions – one question at a time. Rather than ask “why” say, “tell me more.”
- Watch for signs of re-traumatization (or triggers for trauma, sometimes re-traumatization can mean different things such as asking someone to talk about their trauma repeatedly):
 - a. Eye contact (or eye roll)
 - b. Repetition
 - c. Getting quiet
 - d. Withdrawal
 - e. Denial
 - f. Blaming others
 - g. Minimization of problem
 - h. Avoidance
 - i. In children, traumatic stress can present as irritability.
 - j. In continuous trauma, (ongoing domestic violence, abuse, oppression, etc.) signs can be more about cynicism, helplessness, thrill-seeking.

Defuse Acceleration of Trauma Response

- a. Do:
 - i. Ask what the person needs. Or how they are feeling: “I see you are crying, I noticed you look down, etc. How are you feeling right now? In the past when you have felt that way, what has helped?”
 - ii. Re-direct verbal disrespect. This is likely a stress response.
 - iii. Provide acceptable choices.
 - iv. Help predict positive & negative outcomes of each choice.
 - v. Wait.
 - vi. Breathe slowly and evenly and speak calmly and quietly.
- b. Avoid:
 - i. Power struggles
 - ii. Moving into their space
 - iii. Raising your voice
 - iv. Touching them
 - v. Criticizing (this can look like why questions, “why didn't you...”)
 - vi. Sudden or unpredictable movement
- Incorporate things that increase resiliency (referral to mental health services)
 - 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).
 - iii. Asking about positive relational memories and/or people they are close to can also help.

- b. Skills that regulate emotions
 - i. Deep breathing (hold inhale to degree of comfort, then exhale slowly).
 - 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
 - xi. When someone is very agitated, a strong sensory stimulus can help: e.g. holding an ice cube, eating a sour candy, smelling an essential oil (like lavender).
 - xii Rhythmic or repetitive movement (walking, bouncing a racquetball, etc)
- c. Mastery & efficacy (you're good at something & can be successful)
 - i. Explore strengths as well, go deeper rather than superficial.
- d. Self-compassion which in turns results in increased, self-esteem (Oneself – compassion exercise; how would you speak to a friend who had just had this experience? What would you say?)
- e. Self-soothing

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