



# Understanding Complex Trauma: Strengthening Supportive Learning Environments through a Trauma Sensitive Lens

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Area Health Education Center of Eastern Washington  
Washington State University Spokane

Washington State CASA Conference  
October 16<sup>th</sup>, 2009



# Student Description of John:

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- John is a 7<sup>th</sup> grader at xxx middle school. He is described as a very explosive child who is easily set off. He is known around school for being a “short fuse” and thus is often provoked into fighting by other students. He is known to skip class and get high on occasion with a group of other students. However, he never skips school after lunch and is always seen leaving school on time and walking to the elementary school down the street without any friends. He has excelled at the WASL and continues to test well but is failing almost every class. His teachers say he is often observed sleeping during class as well. As a result, he will not likely pass the 7<sup>th</sup> grade and will be expelled should another violent incident occur at school.



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# VICARIOUS TRAUMATIZATION & THE IMPORTANCE OF SELF CARE





# Vicarious Trauma

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- Many of us, especially in the helping professions, are secondary witnesses to trauma on a regular basis.
- One of the most important pieces of coping with the intensity of this type of work is to acknowledge that it **will** affect you.

# Acute vs. Complex Trauma

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- Acute Trauma:
  - “A single traumatic event that overwhelms a child’s ability to cope.” (Fitzgerald and Groves)
- Complex Trauma
  - The experience of multiple or chronic and prolonged, developmentally adverse traumatic events, most often of a personal nature (sexual or physical abuse, family violence, war, community violence) and early life onset.
  - These exposures often occur within the child’s care giving system (Spinazzola, et al)

# Trauma As A Fact Of Life

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- In one large study, 90% of respondents reported at least one lifetime traumatic event with the average number of 4.8 traumatic events in their lives (Breslau et al., 1999)
- Reports of adverse events in childhood (i.e. mental illness, CEV) predict risk of lifetime physical health problems, mental health problems, health risk behaviors, and subsequent intimate partner victimization.

# Child Maltreatment

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- Approximately 1 million children (0-18) each year are officially substantiated as victims of child abuse and neglect in the U.S. (US Dept. of Health and Human Services Administration on Children, Youth, and Families, 2005).
- Child maltreatment (abuse and neglect)
  - Annual 1.5 million children abused
  - Annual 2.8 million neglect (Cook, etal., 2003)

# Impact- Mental Health And Substance Abuse Risk

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- Victims of abuse are 12 times more likely to attempt suicide than non victims. *(Putnam)*
- Children who witness domestic violence are 6 times more likely to commit suicide
- Physically abused adolescents are 6- 12 times more likely to have alcohol and drug problems. *(Putnam)*
- Depression is at least 3-5 times more common in people who have histories of child maltreatment. *(Putnam)*

# Impact-school Success

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- At least half of all child maltreatment victims will experience serious school problems, especially conduct issues. (*Putnam*)
- Maltreated Children have 3x the drop out rate of the general population (Focal Point, 2007)
- Nationally, children with emotional and behavioral disorders who are also in special education classes have the highest school drop out rate (50%)
- The percentage of students who reported that they had been bullied at school increased from 8% in 2001 to 28% in 2005. (National Center for Education Statistics (NCES) Indicators of School Crime and Safety: 2006)

# Impact-Health

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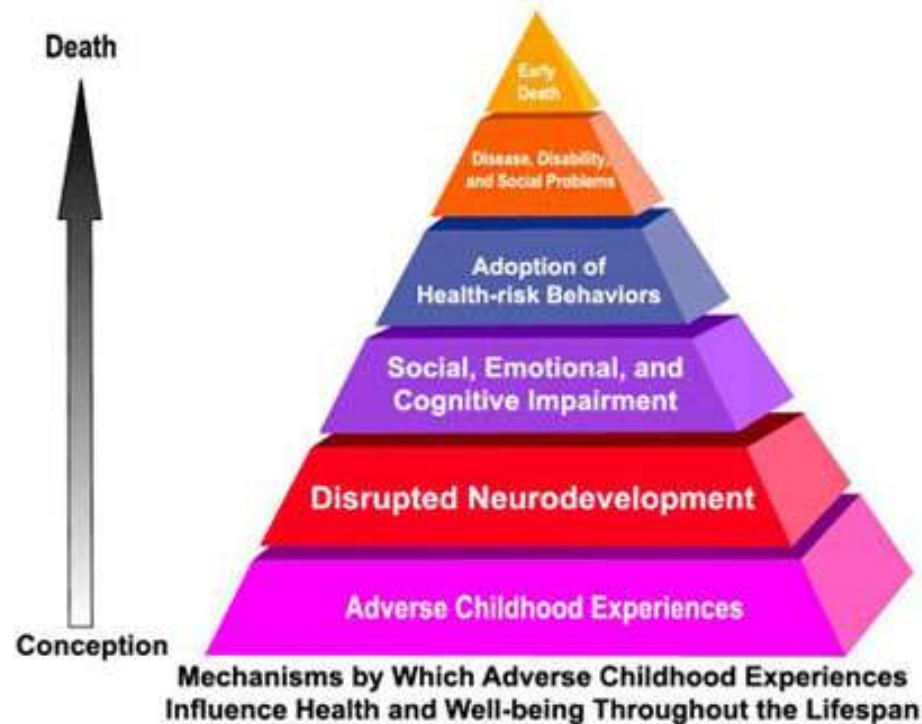
- The Adverse Childhood Experiences (ACE) Study is a decade-long, ongoing study conducted collaboratively with the Centers for Disease Control (CDC) and the Kaiser Health Plan's Department of Preventative Medicine in San Diego, CA.
- The underlying concept of the ACE study is that stressful or traumatic childhood experiences are a common pathway to social, emotional, and cognitive impairments that lead to increased risk of disease, disability, social problems, and premature mortality.
- The study was conducted on over 17,000 members of the Kaiser Permanente Medical Care Program in San Diego.

(The adverse Childhood Experiences CDC Website: <http://www.cdc.gov/nccdphp/ace/index.htm>)

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# Impact-Health Continued

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# Impact-Health Continued

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- What are the ACEs?
  - Childhood Abuse
    - Emotional
    - Physical
    - Sexual
  - Neglect
    - Emotional
    - Physical
  - Growing up in a seriously dysfunctional household as evidenced by:
    - Witnessing Domestic Violence
    - Alcohol or other substance abuse in the home
    - Parental marital discord (as evidenced by separation or divorce)
    - Mentally ill or suicidal household members
    - Crime in the home (as evidenced by having a household member in prison)

# Impact-Health Continued

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- ACEs are Common:

- Substance Abuse 27%
- Parental Separation/Divorce 23%
- Mental Illness 17%
- Battered Mother 13%
- Criminal Behavior 6%
  
- Psychological Abuse 11%
- Physical Abuse 28%
- Sexual Abuse 21%
  
- Emotional Neglect 15%
- Physical Neglect 10%


# Cost of Child Maltreatment:

## Total Daily Cost of Child Abuse & Neglect in the United States

(Prevent Child Abuse America, 2007)

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<u>Direct Costs</u>	<u>Estimated Annual Cost</u>
○ Health Care System	
○ Hospitalization	\$ 6,625,959,263
○ Mental Health Care System	\$ 1,080,706,049
○ Child Welfare System	\$ 25,361,329,051
○ Law Enforcement	\$ 33,307,770
○ Total Direct Costs	\$ 33,101,302,133
<u>Indirect Costs</u>	
○ Special Education	\$ 2,410,306,242
○ Mental Health and Health Care	\$ 67,863,457
○ Juvenile Delinquency	\$ 7,174,814,134
○ Adult Criminal Justice System	\$ 27,979,811,982
○ Lost Productivity to Society	\$ 33,019,919,544
○ Total Indirect Costs	\$ 70,652,715,359
○ <b>TOTAL DAILY COST</b>	\$ 284,257,582
○ <b>TOTAL ANNUAL COST</b>	\$ 103,754,017,492



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“Exposure to extremely stressful conditions that one can’t change or escape from can have profound effects on anyone, regardless of age. It can alter how we see the world, how we see others, and how we perceive our own worth.”


(Mark Katz. (1997). *On Playing a Poor Hand Well*, p. 5)



# Children's Individual And Social Resources Influence Risk And Protection

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- Age of onset- younger are most vulnerable
- Cognitive reserves, capacity, and adaptability- lower intellectual capacity is associated with greater risk of complications
- Emotional reserves, capacity, and emotional adaptability- children with pre-existing emotional concerns are more susceptible to adverse trauma responses
- External resources of the child to understand and cope - low social support, social isolation, prejudice are all associated with increased vulnerability to trauma adjustment problems
- Drug and alcohol misuse- abuse increases vulnerability



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**“The world breaks everyone and afterwards many are strong at the broken places.”**

*~Quote by Ernest Hemingway*



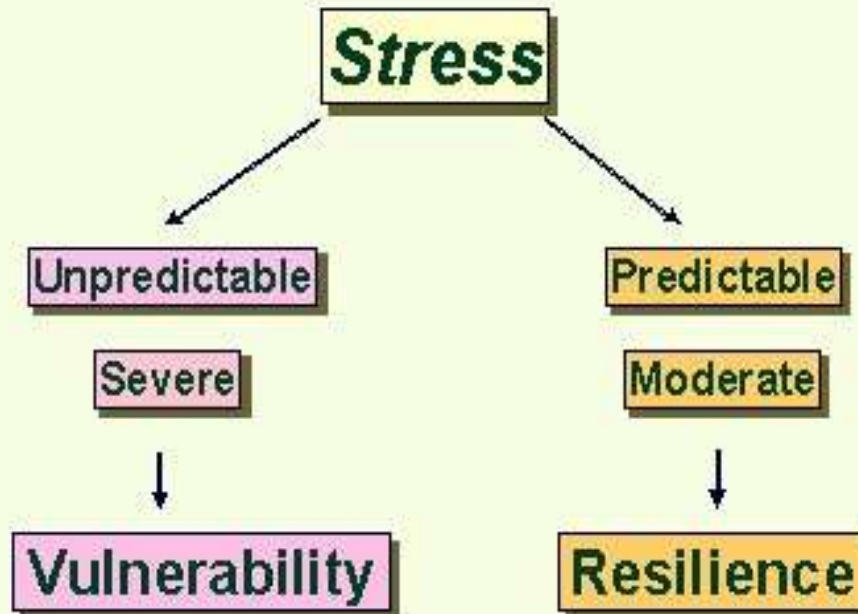
# Resilience

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- “Tied to the ability to learn to live with ongoing fear and uncertainty, namely, the ability to show positive adaptation in spite of significant life adversities and the ability to adapt to difficult and challenging life experiences.”
- Turns victims into survivors and allows survivors to thrive
- Even though distressed, individuals are able to manage the negative behavioral outcomes in the face of risks without becoming incapacitated

# Resilience

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# Research Facts About Resilience


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- Research has indicated that  $\frac{1}{2}$  to  $\frac{2}{3}$  of children living in extreme circumstances grow up and “overcome the odds”.
- Children may be resilient in one domain in their lives, but not in others
- Resilience should be viewed as “fluid over time.” Thus, resiliency at one developmental phase does not necessarily mean resiliency at the next.
- Resilience is not a trait that a youth is born with or automatically keeps once it is achieved. Resilience is a complex interactive process.



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# How does trauma impact Children and Adolescents? What does it look like?



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“Complex Trauma Outcomes are most likely to develop and persist if an infant or child is exposed to danger that is unpredictable and uncontrollable because the child’s body must allocate resources that are normally dedicated to growth and development instead to survival.” (Focal Point, 2007, p.4)

# What Does Trauma Look Like?: The Identified Primary Domains Of Impairment

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- Attachment
- Biology
- Self Regulation
  - Emotional & Behavioral Regulation
- Dissociation
- Cognition
- Self-Concept




# ATTACHMENT

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# Attachment

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- Bonds of love between child and parents
- The balance between exploratory and caregiver-seeking behaviors.
- This relationship also provides the scaffolding for the growth of many developmental competencies.
- A “secure” attachment pattern is present in approximately 55-65% of the population
- “Insecure” attachment patterns have been consistently documented in over 80% of maltreated children



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Our sense of “I” is  
profoundly influenced by  
how we belong to a “we.”


Taken from Parenting from the Inside Out by Daniel Siegal and Mary Hartzell

# How Complex Trauma May/Can Disrupt Attachment:

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- Problems with boundaries
- Hesitant to look towards adults for attention or support—suspiciousness and distrust
- Sense of security and safety can be compromised or destroyed
- Uncertainty about the reliability and predictability of the world
- Difficulty forming trusting relationships with others—hesitant to enlist others as allies
- Trouble interpreting emotional signals

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- “I was 7 years old the last day that I lived with my mother and the first night that I slept in foster care. By the time I was a teenager, I had spend half my life in county custody and still had the remainder of my childhood to go. I had no idea who Jeff’s mother was, the woman he wanted me to find to tell that he was sorry, to explain that he needed her. She may have been good or bad, kind or cruel or more likely, a mix of it all. Yet, what I did know was that Jeff would never forget her, though everything and everyone around him told him that he should....


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- Stubbornly, he would hold out, become the sole believer that, despite his mother's failings, her memory was worth keeping. Quietly, he would wait and hope for her return, as I had done for my own mother and thousands of other children have done for theirs—all of us assigned to new families or facilities, then expected to ignore that they were not the people or the places from which we had come. And the few of us who survived—the ones who learned early the swift consequence of failing to please— never revealed that we had long forgiven the mother of whom so many had condemned, that we had refused to forget her, that we missed her and still loved her."

- Hope's Boy, a Memoir by Andrew Bridge pg. 19



# BIOLOGY/BRAIN DEVELOPMENT

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**“Children are like wet  
cement. Whatever falls on  
them makes an impression.”**

*– Hiam Ginott*



# Brain Development And Trauma

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- Trauma's risk to development has a biological foundation
- The most developed areas of the brain are the areas most frequently used
- Ongoing development of the brain throughout childhood and adolescence
  - Critical periods for definition of structure, function, and coordination of the brain

# 3 Year Old Children



Normal



Extreme Neglect



# Trauma And Biological Response To Trauma

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- Brain and hormonal systems are a single unified system
- Central nervous system appraisal of threat and triggering of threat response
- Direct neural and hormonal responses to prepare fight/flight survival responses
- Activation of cognition for planning and problem-solving



# Trauma's Potential Effects On Biological Threat Management

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- Elevated stress hormone levels (Particularly Adrenaline and Cortisol)
- Sustained stress hormones correlated with
  - trauma-related reductions in brain function of limbic system, hypothalamus, hippocampus (involved in threat appraisal, stress regulation, memory, cognition, and learning)
  - Impaired regulation in the overall system



# Trauma's Potential Effects On Biological Threat Management<sup>2</sup>

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- Cerebral cortex (prefrontal and frontal lobes) function reduced with resulting problems of verbal skills, memory, and problem solving
- Underdeveloped Corpus Callosum – structure that allows for communication between the Left and Right hemispheres



# Implications Of Trauma On Biological Threat Response System

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- Trauma primarily affects the biological systems beneath language and reasoning and then secondarily affects the capacity to use language and reasoning as a balance to emotions
- Trauma also directly interferes with the basic role of loving relationships in healthy development



# Implications Of Trauma On Biological Threat Response System

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- If we are responding to trauma-related reactions recognizing the biological basis of behavior in a child or adult means blame has no place.
- Understanding the biological risks points to some of the actions we can take as caring adults

# School Incident for John:

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- During lunch one day, John got into an altercation with another student. This resulted in a fist fight between the two boys and the principal being called in to respond. Despite several students coming forward to say that John was the victim and did NOT start the altercation, the principal opted to expel him based on this being the 3<sup>rd</sup> incident this year that he was involved in. John immediately began to cry and protest, begging the principal not to call his parents. The principal did not listen to him and instead picked up the phone – John ran out of the school.



# SELF-REGULATION

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## Emotional and Behavioral



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“When a parent resonates with the child’s emotions, the child’s experience of him/herself is that he/she is “good.” Emotional connections create meaning for the child and affect his/her understanding of both his/her parent and him/herself.”

Taken from Parenting from the Inside Out; Siegal and Hartzell 2003

# How Complex Trauma Can/May Disrupt Self-regulation:

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- Constantly scanning the world for warning signs
- Focus on non-verbals of others (facial expressions, voice tone, body language) constantly looking for signs of anger or other potential behaviors indicative that abuse will happen
- In a constant state of “survival mode”
- Difficulty describing feelings and internal experiences
- Difficulty communicating wishes and desires
- Poor impulse control
- Lack of mentoring for appropriate behavior and communication with others
- Utilize aggressive behaviors to regain control over environment or to send message regarding lack of control
- Self soothing behaviors
- Sleep and eating disturbances
- Difficulty complying with rules
- Traumatic play



# DISSOCIATION

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# Dissociation

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- The failure to integrate or associate information and experience in a normally expectable fashion.
- This begins as a protective defense mechanism in the face of overwhelming trauma

# 3 Primary Functions of Dissociation

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- Automatization of behavior in the face of psychologically overwhelming circumstances
- Compartmentalization of painful memories and feelings
- Detachment from one's self when confronting extreme trauma

(Putnam 1997)



# COGNITION

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# How Complex Trauma Can/May Disrupt Cognition:

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- Difficulty in their ability to learn and process verbal information
- Harder to use language as a vehicle for communication
- Difficulty in organizing and remembering new information
- Difficulty understanding cause and effect
- Difficulty focusing on tasks at hand
- Difficulty planning and anticipating
- Problems with orientation in time and space
- Difficulty focusing on and completing tasks
- Tend to have poor problem solving skills



# SELF-CONCEPT

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# How Complex Trauma Can/May Disrupt Self-concept:

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- Feel incapable of having a positive impact on the outside world
  - Hopelessness
- Difficulty in initiating play or having safety with imagination and exploration
- Low self-esteem--diminished sense of self worth
- Disturbances of body image
- Shame and guilt; self blame
- Unsure of own needs and often lack capacity to get needs met



# WORKING WITH THOSE IMPACTED BY TRAUMA

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# Factors that Complicate “At Risk” Cases

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- Scope and definition of “child abuse”
- Conflict and mistrust between professionals
- Mistrust between parents and professionals
- Notions of pathology and dysfunction



# Always Be Able To Answer The Following Questions:

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- What is my role?
- Who am I working for (agency, client, family,...)?
- What is driving my behavior—is it for me or for the child/family?



# Building Your Own Skills

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- Recognize and respect your own significance
- Be aware of your own “stuff”
- Be educated, pay attention, and recognize the limit of your role
- Keep the choice and control of information in the hands of the adult and child- invite don't intrude
- Be careful not to personalize your interactions with children and families who have been traumatized
- Don't be afraid to seek out supervision and consultation
- Don't label, diagnose, or judge

# Three Research Based Strands: Key Factors Common To All Competent Children


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1. A strong parent-child relationship, or, when such a relationship is not available, a surrogate care-giving figure who serves a mentoring role.
  - The power of caring people to help children heal
2. The ability to self-regulate attention, emotions, and behaviors.
  - The ability of natural systems to teach and support
3. Good cognitive skills, which predict academic success and lead to rule-abiding behavior
  - The role that education systems can have to help with healing



# Applying a trauma-sensitive approach to engaging children

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# How can I apply this to my work? What can I do?

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- **Providing a safe environment**
- **Promote opportunity for secure attachment**
- **Praise the Child**
- **Selective Attention**
- **“Safe Break”**
- **Implementation of Reinforcement Programs**
- **Relaxation Techniques**
- **Feeling Identification opportunities**
- **Practicing positive self-talk**
- **Enhancing Problem Solving and Social Skills**

# Providing a safe environment

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- Create structure
  - Allow the child to know you are in charge and that your decisions are fair, caring and trustworthy.
  - Establish and maintain clear boundaries
  - Focus on positives/firm limit on negatives
- Reduce isolation
  - Scared, lonely, bored, sad
  - Join others, contribute to a group
- Establish clear guidelines around safe and unsafe behavior—encourage the children to model kindness and hold unkind behavior accountable
- Establish Predictability: clarity of position/consistency of approach: consistency in responsiveness and availability
  - Timing of lessons and activities
  - Transitions without trauma
  - Safety—give warning for fire drills, etc.

# Promote opportunity for secure attachment

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- Consistent support from caring people
  - Limit staff turnover and change as much as possible
  - If you are going to be sick and you have a child that depends on you—make sure your co-workers get him/her the message that you are ill but that you will be back when you feel better
- Safe and trustworthy relationship
  - Help them to recognize that you can handle whatever it is they need to share with you
  - Help them to learn that adults can be safe and caring people in their lives
- Using the Circle of Security Model...  
Strong attachment figures are people who are bigger, stronger, wiser, and kind



# Praise the Child

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- The idea of acknowledging when a child does something well
  - Often not done enough even though it is something we desperately crave as human beings
- Hints for effective praise:
  - Praise a specific behavior
  - Provide praise as soon as possible after the behavior has occurred
  - Provide praise with the same level of intensity as you would discipline or criticism
- Other ideas:
  - Get the parents involved

# Selective Attention

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- “When a parent/caregiver consciously makes a decision to not react to certain negative behaviors the child exhibits.”
- This approach is based on “the idea that children want focused, emotionally intense attention from their caregivers and that they will continue to exhibit behaviors that get this type of attention, even though the attention takes a negative form.” (i.e. yelling)
- We typically tend to respond to more negative than positive behavior thus reinforcing the very behaviors we are attempting to get them to stop

Goal is to praise the good behaviors and attempt to ignore the not so good behaviors

Examples of types of behaviors to attempt to ignore:

- Temper tantrums or angry verbalizations directed at the caregiver
- Making nasty faces, rolling eyes
- Mocking or taunting the parent
- Comments intended to provoke or irritate the parent

These behaviors are typically unpleasant but not harmful

Goal of the caregiver is to remain calm, dispassionate, and in control during these attempts

Praise when child turns it around

# “Safe Break”

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- The purposes of "safe break" procedure are to:
  1. Not intended as sources of punishment
  2. To keep the child safe and to provide opportunity for alternative means of coping
  3. Interrupt the child's negative behaviors thus allowing him/her to regain control of his/her emotions and behaviors

# Implementation of Reinforcement Programs

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Setting the parameters of acceptable behavior among all. Children must be taught acceptable behavior and adults must model it.

- Balancing accountability with understanding of traumatic behavior
- Teaching rules to traumatized children
- Minimizing disruption of education/planned activities
- Creating uniform rules and consequences
- Model respectful, nonviolent relationships
- Have clear expectations and consistent response when rules get broken
  - Adhere to developmentally appropriate norms
  - Treat all children equally
- Praise positive behavior



# Relaxation Techniques

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- These are extremely helpful in reducing stress in kids and in helping them to learn that they have control over their bodies
- Ways to help a child regain control of body through relaxation:
  - Focused breathing—sit with them and help them to take in deep breaths, hold and then release (in for 5 hold for 5 and out for 5)
  - Squeeze and sleep
  - Creating rituals
  - Dancing and exercise
  - Soothing sounds
  - Tactile exercises

# Practicing positive self-talk

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- “Consists of focusing on the child’s strengths instead of the negative aspects of any given situation.”
- Encourage them to share good things they saw in themselves
- Can apply to both parents and kids
  - Ex. “I know that today was a hard day, but you got through it and were able to do this, this and this really well.”
  - “Things seem difficult now, but they can get better.”
  - “You have a lot of people who love and care about you.”

# Enhancing Problem Solving and Social Skills

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- Kids living in complex trauma may have learned maladaptive coping responses in social situations (I.e. bullying their way through a social encounter with other children.)
- Kids in these situations typically respond with either extreme anger or withdrawal

Goal: Help them to learn and identify healthy, self supportive ways of responding to situations

Example of Social Skills you want to enhance:

- Taking turns
- Listening to others
- Following the directions of others

Provide an environment conducive to skill building and reward positive social interaction whenever possible!



# Keep In Mind...

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Trauma is a reaction to an external event.

It is not always possible or appropriate to discover whether a child's learning, relationships, and behavioral difficulties are trauma responses.

Children are often having “normal reactions to not ok things.”



# Conclusion

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- We can ignore but not avoid the implications of trauma in our work
- The cost in quality and meaning of life demands action
- Intervention can make a difference
- The only credible solution is to meld natural and professional helper systems
- You can make a difference and there is an emerging framework for developing appropriate natural helper responses



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## **Looking through the trauma-sensitive lens...**

“Not realizing that children exposed to inescapable, overwhelming stress may act out their pain, that they may misbehave, not listen to us, or seek our attention in all the wrong ways, can lead us to punish these children for their misbehavior...

If only we knew what happened last night, or this morning before she got to school, we would be shielding the same child we’re now reprimanding.”

**On Playing A Poor Hand Well. Mark Katz**

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