I admit it. I have made people cry. When educating people about the traumatic impact of domestic violence I have shared the disturbing statistics, talked about the lack of resources, shown upsetting videos, and told my share of horror stories. While trying to teach people about trauma I may have inadvertently traumatized them. I suspect I am not alone in this.

Those of us who train others about domestic violence or who organize trainings or conferences are in a wonderful position to effect positive change, but we are also in a position where we may unintentionally do damage. I do not claim to have a perfect solution for this, but I would like to offer some thoughts and suggestions on how we might maximize the good we can accomplish while minimizing the harm.

**We need to be purposeful in how we incorporate stories about domestic violence.**

Hearing directly from survivors can be very powerful. It can be empowering for the survivor who is speaking, it can help us to understand domestic violence on a deeper level, and it can inspire us to transform our communities. However, when traumatic survivor stories are shared without an intentional educational component, without a context for why they are being told, without consideration of their power, or without a message for how this information can be applied productively, it can seem exploitative or gratuitous. It can also leave both the speaker and the audience feeling distraught, overwhelmed, or even traumatized.

Traumatic stories, 911 tapes, and extreme anecdotes can negatively impact even advocates who are used to hearing about terrible instances of domestic violence on a regular basis. When audience members are not in a position to offer support to the people who have been affected or to effect change as a result of what they have heard, they are more likely to experience secondary trauma or compassion fatigue. Some might feel good about bearing witness to someone else’s pain and providing space to survivors to speak out, but others will likely feel frustration, despair, or powerlessness when passively listening to stories of violence and abuse. Some will stop hearing the story because they will have been triggered into remembering or re-experiencing their own traumas or they will disassociate as a means of protecting themselves from emotional harm.

This does not mean we should avoid real life examples of domestic violence, but it does mean that it is important to be purposeful about how we incorporate this information. If we are sharing our own stories or inviting someone else to share theirs, we need to consider the impact on the training participants. I recommend developing a clear learning objective first and then matching the content to the objective. For example, if the objective is to educate healthcare professionals about screening for domestic violence, we could ask ourselves:
• What story would best enable us to achieve this objective?
• What will they be able to learn from this story? How will this particular example add to their understanding of the importance of screening or illustrate a particular point we want them to understand? Does this story reinforce the other information being conveyed about screening?
• What can participants do differently as a result of this information? Will the story result in healthcare professionals being more likely to effectively screen for domestic violence?
• Will this motivate or discourage them to screen? Will they leave feeling that the overall problem of domestic violence is so overwhelming that it is not worth doing the screening, or will they have a clear idea of how their screening efforts can be effective?

We need to consider the impact on survivors.

Survivors are likely to be among both those providing the training and those being trained. If survivors are sharing their stories, consider:

• What is the impact on them?
• Are they aware of the risks and benefits of their participation and have they had an opportunity to make an informed choice?
• Will they have the support they need prior to, during, and after their presentation?
• Are they in control of the information that will be shared about them during the training?
• Even if they are not present, are we obtaining their consent to share videos, 911 tapes, police reports, artwork, etc. that involves them? This is particularly important when the materials include identifying information such as a survivor’s image or voice. If survivors are from a small or marginalized community, have a unique situation, or have been involved in a highly publicized event, we may inadvertently be identifying them even if we do not use names.

We also need to consider what type of message we are conveying to survivors who are hearing this information. Will they get a good sense of challenges and barriers they may face and how they might be overcome or will they leave with a list of every worst-case scenario and drained of hope? I believe in providing realistic information, but I also believe in the necessity of instilling hope.

We need to be mindful of the medium and the impact of the message.

The medium we use to share information can make it memorable in a helpful way or in a destructive way. For example, playing a 911 tape of a survivor calling for help during a violent domestic violence assault might be an effective medium for training 911 dispatchers about responding to domestic violence calls even if it is upsetting for them to hear. However, a more general audience or even an audience of advocates might find listening to an actual attack to be so upsetting or triggering that they are not able to take in the educational message that we are trying to share.

Studies on attitude change and persuasion indicate that moderate levels of fear arousal can result in attitude and behavioral change, but high levels of fear arousal can result in the activation of
defense mechanisms that limit receptiveness to the message being delivered. Research also indicates that arousing anger in an audience is only effective as a means of creating change if the message gives the audience a means to reduce their anger as well.

We can carefully consider whether tapes, videos, photos, in person stories, etc. will be appropriate for a particular audience and whether they are the most effective way to make a point. If sharing disturbing material is necessary, then consider limiting the amount. Perhaps a brief video clip or a single photo can suffice. If utilizing upsetting information is necessary to make a point, then it can be helpful to be sure the audience can do something productive with the information, so that they can process it effectively.

For example, there are times when it is beneficial to learn from situations that ended tragically. Domestic violence fatality reviews can be very useful tools for creating change. However, if we can pair the tragic information with an example that has a positive outcome, (e.g., an instance where tragedy was averted because of positive steps taken by the community), then we can demonstrate that if the community takes appropriate steps, things can improve. This will also increase the likelihood that the audience will be able to take in and process the information.

We need to prepare people for what to expect.

Regardless of whether the story being shared has a happy outcome or a sad one, it is considerate to let the audience know what to expect. For example, “I am going to share with you a story that illustrates the significant gaps in services in our community, but I am also going to tell you how we can be effective despite those gaps.” I attended a workshop about suicide intervention where the presenter showed a few brief clips of people attempting to commit suicide. Prior to each one, he pointed out that none of the people involved were harmed or died. If he had not said that each time, I think many of us would have looked away and missed what he was trying to show us. The few seconds he took to prepare us for what to expect made his presentation more effective and demonstrated that he had respect for us as learners.

If it is possible, we should give participants a chance to opt out.

If we prepare audiences for what to expect, then we can also give them the opportunity to not look or listen. We can say, “I am about to show some graphic images. If you do not want to see them, then please look away now.” We can also give them the chance to leave the room before presenting disturbing material. Conference organizers can choose to limit the most sensitive or upsetting content during sessions that involve all conference participants (such as plenaries) and instead make particularly challenging information available during workshops where people have options about what they hear. If workshop descriptions are clear about the type of information that presenters will convey, then participants can make an informed decision about which workshop they wish to select based on their own comfort level.

We can provide opportunities for action.

Have you ever learned upsetting information and thought, “That’s terrible, but what can I do about that?” Even savvy activists can experience the frustration of wanting to do something
about an injustice, but not knowing what to do. If we are not provided with some direction about how we can do our part to address the problem, then we may be motivated to forget about it. If a participant cannot directly help the survivor sharing their story at a conference or does not know what to do about the high shelter turn-away rate that has been described, then they may leave the presentation feeling demoralized.

If possible, consider giving participants an action step that they can take right there and then. This could be making a donation, writing a post card to an elected official, signing up to volunteer, or trading business cards with a future collaborative partner. It is also valuable to provide participants with more complex, longer-term strategies for how they can create change. For example, we can challenge them to go back to their workplace and examine their policies on a particular issue, engage them in a work group for addressing the problem, or give them the tools they need to respond more effectively. We can consider following up with participants to support and reinforce their efforts. For example, a follow-up meeting or conference call a couple of months after a training can provide participants with an opportunity to share what they have accomplished or to ask for assistance with barriers to progress.

**We can incorporate self-care.**

Increasingly, I have seen conference organizers and trainers provide multiple opportunities for self-care during domestic violence trainings. Often quiet rooms are provided for those who need a break from the conference activities, and advocates are available to those who want to talk about what they have learned or are experiencing. Recently, I have been at more conferences where art supplies are made available to help people remain present in the room and at the same time cope with the difficult information being shared or to at least cope with sitting for a prolonged period of time. This can be as simple as providing pipe cleaners in multiple colors or colored pencils and paper. I have also experienced conferences where some simple stretching exercises are incorporated to help people release the tension of sitting still and taking in upsetting information.

Depending on the audience, it might be helpful to lead them in a simple grounding exercise after hearing disturbing information. Grounding refers to techniques that help people center themselves to prepare for or recover from feeling overwhelmed or unsettled. This could involve having people silently describe all the objects they see in the room or list all of their favorite movies, concentrate on the feeling or texture of their table or chair, or count backwards from 100 by 5’s. Whatever technique is utilized, the idea is to try to send the audience back out into the world in a condition that enables them to act on the information they learned.

I hope you have found these suggestions to be helpful. If you have other strategies that you have found effective for training people about trauma while mitigating the negative impact of traumatic information, I would appreciate learning from you. You can reach me at alison@kccadv.org or at 206.568.5454. If you are interested in learning more about the Domestic Violence and Mental Health Collaboration Project, please visit www.kccadv.org/reports/mental-healthdv-reports/.