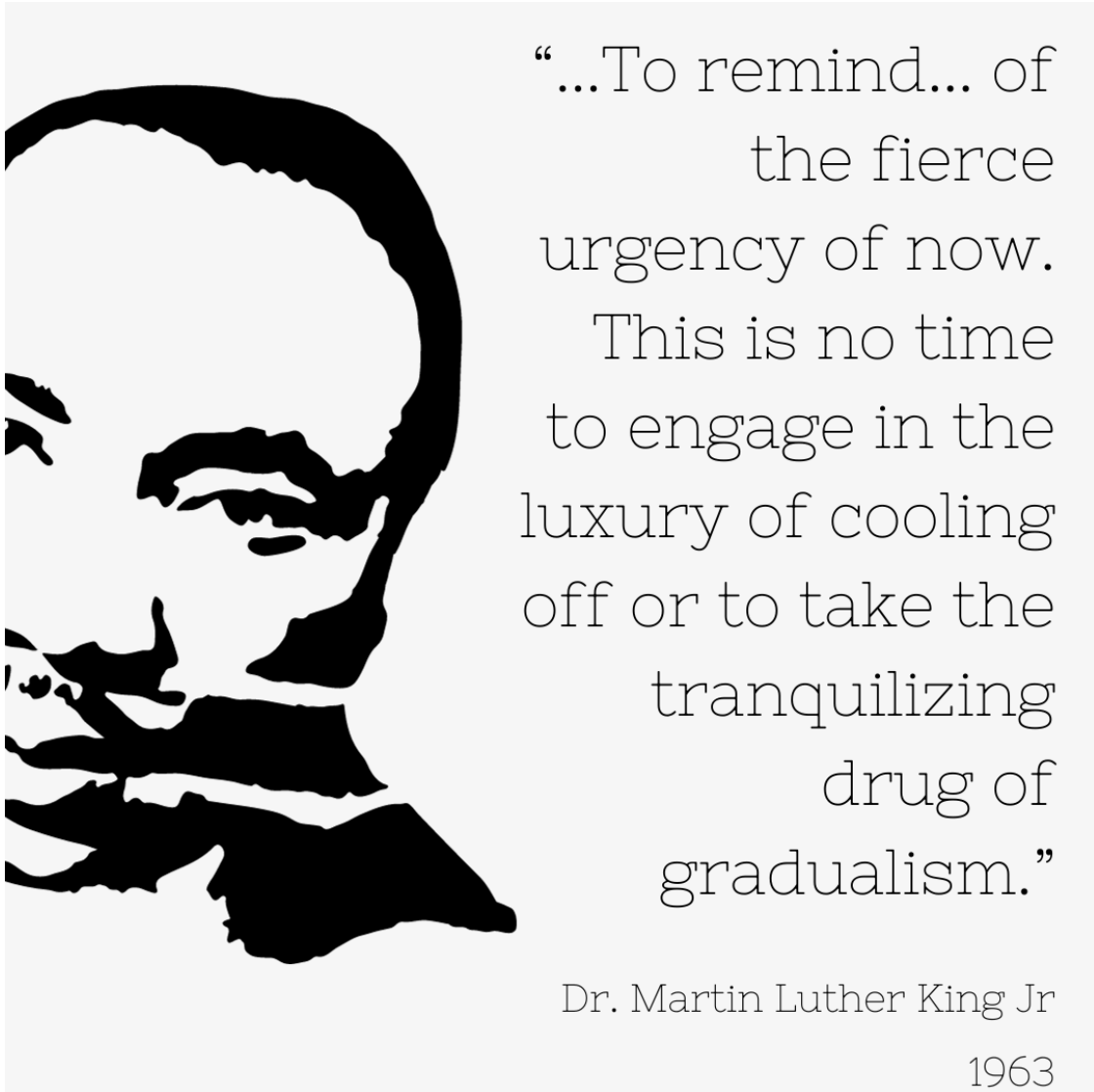


# An Introduction to Insidious Trauma



**Gwendolyn “Gwen” Downing (she/her)**  
**February 2024**

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## **Opening:**

Acknowledging lived experience, with all the differing degrees, as we proceed, we keep that in mind.

## **Video description:**

Insidious trauma is the daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera that are experienced by members of groups targeted by racism, heterosexism, ageism, ableism, sexism, and other forms of oppression, and groups impacted by poverty (VAWNET).

This video provides an introduction to the definition and some of the possible impacts, and gives some ideas for what one might be able to do.

## **Trainer and contact:**

Gwendolyn “Gwen” Downing (she/her). [www.ConnectAll.online](http://www.ConnectAll.online)

## **Info, Disclosures, and Disclaimers:**

- Handout link is in the video description, or you can find it on the Connect All website: [www.ConnectAll.online](http://www.ConnectAll.online) under the “Materials” tab
- I am the originator and Director of the Connect All initiative.
  - The initiative has 501c3 fiscal sponsorship by We, the World
- Any sources used are not endorsements of the source.
- As recognized, information is what it is, and may be constantly evolving.
- Provided for informational purposes only.
- WE’s annual “Manifesting the Dream” MLK Day of Service and 40 Days of Peace
  - Partial support from an AmeriCorps grant
  - I’m receiving nothing for doing this

## **Self-Care:**

- Because this video involves a focus on insidious trauma, some of the material I cover may create responses in our bodies, behaviors, thoughts, or emotions.
- Even if it wasn't about trauma, we all have internal and external factors, creating responses in our bodies, behaviors, thoughts, or emotions.
- Do whatever you need to.
- Mindfulness-Other section pp 5-8
- Mindful moments: 30 seconds. Whatever works for you. Helps with retention of information and selfcare.
- [Help lines and other information](#)

## Mindfulness-Other

### Possible techniques:

**NOTE:** Not all techniques work for everyone, and even if one works one time, it might not work another time.

**SBNRR Mindfulness Practice** - This can be modified to your needs and time available:

**Stop:** Stop what you are doing, take the pause, give yourself space. If you need to, use verbal or internal mental cues to do this.

**Breathe:** Everyone is different. For some, it is helpful to pay attention to your breath and take a moment to breathe in whatever way works for you. For others, you might need a different or combined approach, including skipping and going to Notice. For anyone, you might need to try different approaches at different times.

**Notice:** Notice what is going on in your body, behaviors, thoughts, emotions. You are not judging yourself, just notice what is going on.

**Reflect:** Where is this coming from? Why am I thinking/feeling this? Why am I doing this? Any other curious questions that help clarify the source. Remember interaction of body, behaviors, thoughts, and emotions.

**Respond:** What is the best way to respond to this and move forward? Again, use whatever questions might help you.

**5-4-3-2-1 practice** - In your mind, out loud, or written:

- 5 things I can see
- 4 things I can touch
- 3 things I can hear
- 2 things I can smell
- 1 thing I can taste

**Mental – Physical – Soothing Grounding** - Healthline: [30 Grounding Techniques to Quiet Distressing Thoughts](https://www.healthline.com/health/grounding-techniques) (<https://www.healthline.com/health/grounding-techniques>)

A few examples:

*Mental:* List as many things in a category as you can. Alphabetically list a category. Do math/number exercises. Go through anchoring facts.

*Physical:* Touch something. Breathing exercise. Physical activity. Use your 5 senses.

*Soothing:* Picture a face/voice/thing/place that soothes you. Talk yourself kindly through it. List positive things.

**SOS Technique** - Developed by Julian Ford:

- Slow down - Slow down or stop; as needed, connect to body, and let mind clear.
- Orient - Pay attention to where you are, what you are doing, who you are with, what's important.
- Self-check - How stressed or calm you are in the moment *and* how in control or dysregulated you are.

### **30 second body scan meditation:**

[This 30-Second Exercise Can Reduce Your Anxiety Significantly \(It's True – We've Tried!\)](https://youaligned.com/body-scan-meditation/)

(<https://youaligned.com/body-scan-meditation/>)

1. Get comfortable
2. Find your breath
3. Become the observer
4. Notice even more
5. Give yourself permission to relax

### **Example other techniques:**

- **Thoughts:** Check for accuracy. Replace them. Let go. Think about or do something else. Make a plan. Express them/do something creative. Talk to someone.
- **Do a blend of mindfulness and physical.** While stretching, walking, so on: What's the closest/farthest sound I hear? What's the closest/farthest thing I see? What's the loudest/quietest sound? How relaxed/tense? So on.
- **Physical movement and empty mind.** Maybe focus on the movement or your breath as needed.
  - These stretches may be good for times like mini breaks: [4 Quick Stretches to Do If You've Been Sitting in the Car for Hours](https://www.self.com/gallery/sos-stretch-long-car-ride) (<https://www.self.com/gallery/sos-stretch-long-car-ride>)
- **Physical movement and** sing, talk nonsense, recite a poem, so on.
- **Relax physically and mentally.** Slump, stretch out, curl up, let your mind empty, let your mind wander...
- **Total stillness**

**Mindful Breathing Exercise:** [Mindful Breathing Exercise - YouTube](#)

### **Possibly helpful apps:**

**NOTE:** Some things to consider when using hotlines or mental health/wellness apps/online services.

- How do they protect my privacy? Are there steps I can take to protect my privacy?
- Are they ethical in their practices?
- What is the benefit/cost/risk of using them?

**PTSD Coach** (<https://mobile.va.gov/app/ptsd-coach>): By the Veterans Administration, is for anyone experiencing Post Traumatic Stress, or wanting to know more to help someone else.

**WYSA stress:** Depression & anxiety therapy chatbot app (has free option).

**Moving forward** (<https://www.veterantraining.va.gov/movingforward/>): By the Veterans Administration, is for anyone coping with stressful problems.

**Woebot - Your Self-Care Expert** (<https://woebothealth.com/>): Helps with an array; everyday stresses and challenges, symptoms of depression and addiction.

**Mindfulness:** Headspace, Insight Timer, Mindfulness Coach, 10% Happier

**Other:** Provider Resilience, ACT coach, Virtual Hope Box, Well Body Coach, CALMapp

## Adapted SBNRR Mindfulness Practice

This can be modified to your needs and time available.

**Stop:** Stop what you are doing, take the pause, give yourself space. If you need to, use verbal or internal mental cues to do this.

**Breathe:** Everyone is different. For some, it is helpful to pay attention to your breath and take a moment to breathe in whatever way works for you. For others, you might need a different or combined approach, including skipping and going to Notice. For anyone, you might need to try different approaches at different times.

**Notice:** Notice what is going on with your body, behaviors, thoughts, emotions. You are not judging yourself, just notice what is going on.

### Awareness of My Body, Behaviors, Thoughts, Emotions

- **Body:** What's happening in my body, from the top of my head to my toes? Am I warm, cold; relaxed, tense; numb, stiff, achy; tired, wired; thirsty, hungry; have a headache; and so on?
- **Behaviors:** What are my behaviors? What are my behaviors communicating to myself or/and others about how I'm doing?
- **Thoughts:** What are my thoughts? Am I blank? Am I present? Am I thinking about something I'm excited about, something that is bothering me? Any change from my normal? So on.
- **Emotions:** What are my feelings? Calm? Happy? Stressed? Furious? Anxious? Need to escape? "Spaced out"? Disconnected? Withdrawn? Bored? Numb? Confident? Proud? Surprised? Embarrassed? Nervous? Indifferent? Envious? Compassionate? So on.

**Reflect:** Where is this coming from? Why am I thinking/feeling this? Why am I doing this? Any other curious questions that help clarify the source. Remember interaction of body, behaviors, thoughts, and emotions.

### Explore possible sources, for what I am aware of in my body, behaviors, thoughts, emotions

Can I determine the source(s)? What's my best guess, if I can make one?

#### Personal factors (Internal) Examples

Personality  
Personal traits - e.g.,  
intelligence, physical  
ability, preferences  
Medical  
Mental health  
A need, e.g., hungry,  
tired, restless  
Disability



#### Circumstances (External) Examples

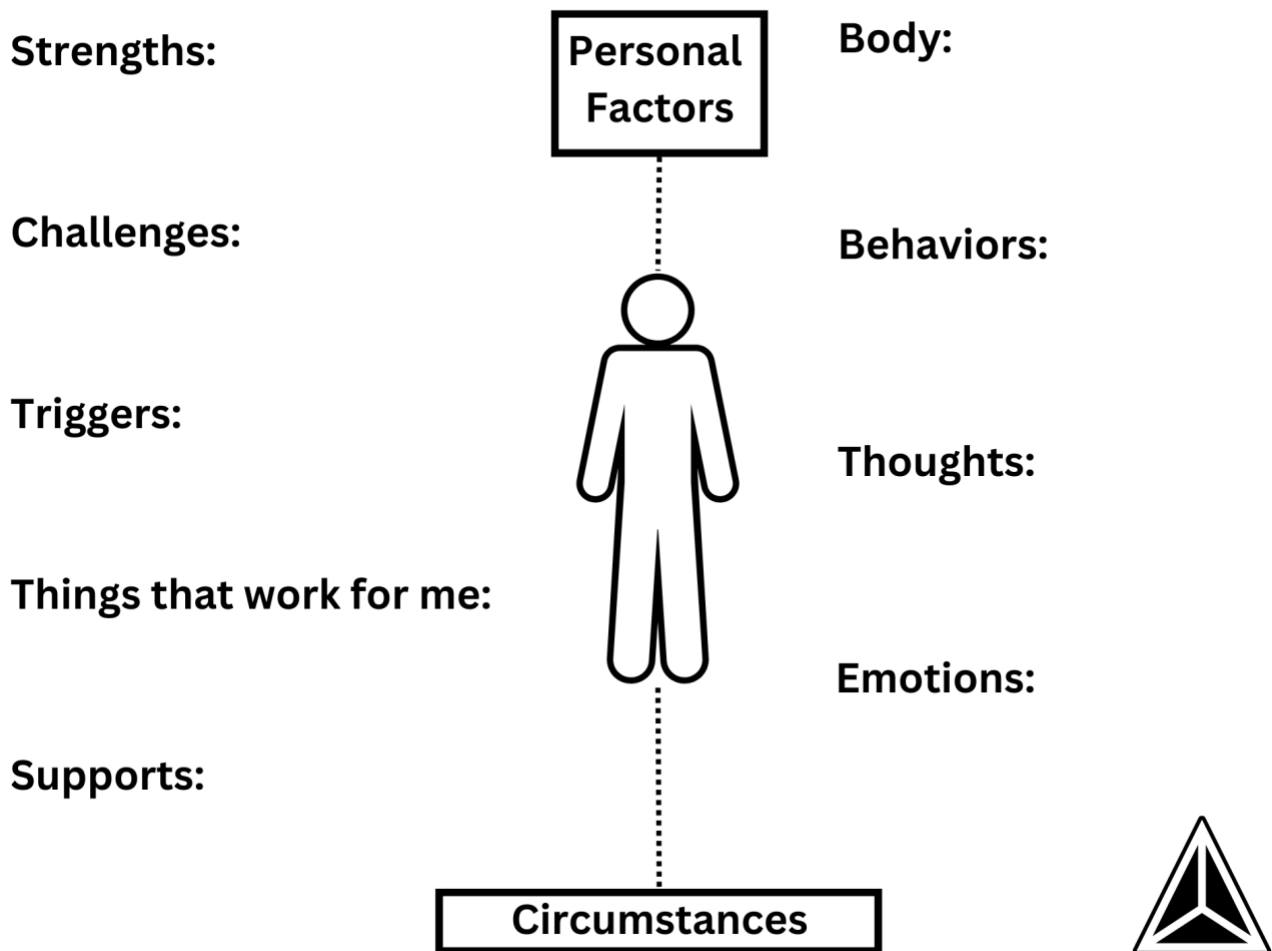
Culture  
Past trauma  
Current trauma  
Current stress  
Physical environment  
Medical treatment  
Other:  
e.g., substance use

**Respond:** What is the best way to respond to this and move forward? Again, use whatever questions might help you.

**Explore possible approaches for what I am aware of in my body, behaviors, thoughts, emotions**

- Is there something I can do/try about the source?
- Is there something I can do/try about the response?
- Is there anything else I can do/try?

Sometimes all we can do is try things.





## What is insidious trauma?

### The three Es of trauma (SAMHSA, 2023):

- Individual trauma results from an **Event**, series of events, or a set of circumstances
- that an individual **Experiences** as physically, mentally, or emotionally harmful or life threatening
- and that may have lasting adverse **Effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

### Insidious trauma:

The daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera that are experienced by members of groups targeted by racism, heterosexism, ageism, ableism, sexism, and other forms of oppression, and groups impacted by poverty. (VAWNET, n.d.)

### Some of the terms in insidious trauma:

**Marginalization:** to relegate to an unimportant or powerless position within a society or group.

**Objectification:** to treat as an object.

**Dehumanization:** to deprive someone of human qualities, personality, or dignity; to subject someone to inhuman or degrading conditions or treatment; to address or portray someone in a way that obscures or demeans that person's humanity or individuality.

**Intimidation:** to make timid or fearful; especially to compel or deter by or as if by threats.

**Oppression:** unjust or cruel exercise of authority or power.

## Insidious trauma questions by Gwendolyn Downing 2022

Questions about possible experiences one might have had or/and are having:

<b>Have you ever?</b> (To the right)  <b>Because of?</b> (Below)	Been afraid of what might happen (including what might not happen)?	Had others act in a way you didn't like (e.g., be mean, avoid you, not care)?	Experienced any other injury of any type (e.g., bad water, bad air, no food, bad food, not getting any type of care you need, disasters)?
How much money you don't/do have			
The color of your skin, or anything about your physical appearance, that others would identify as part of a racial/ethnic group(s)			
Where you live now or/and lived before			
You appear male, female, other			
You have, or look like you have, a disability (acknowledging the issues regarding the term "disability" for some areas it's applied to)			
Your age or the age you appear			
The way you dress or/and make your physical appearance, that would identify you as part of a group(s)			
What gender(s) you are sexually attracted to			
Other			

**Questions:**

What was something that stood out to you while going through the definition(s)?

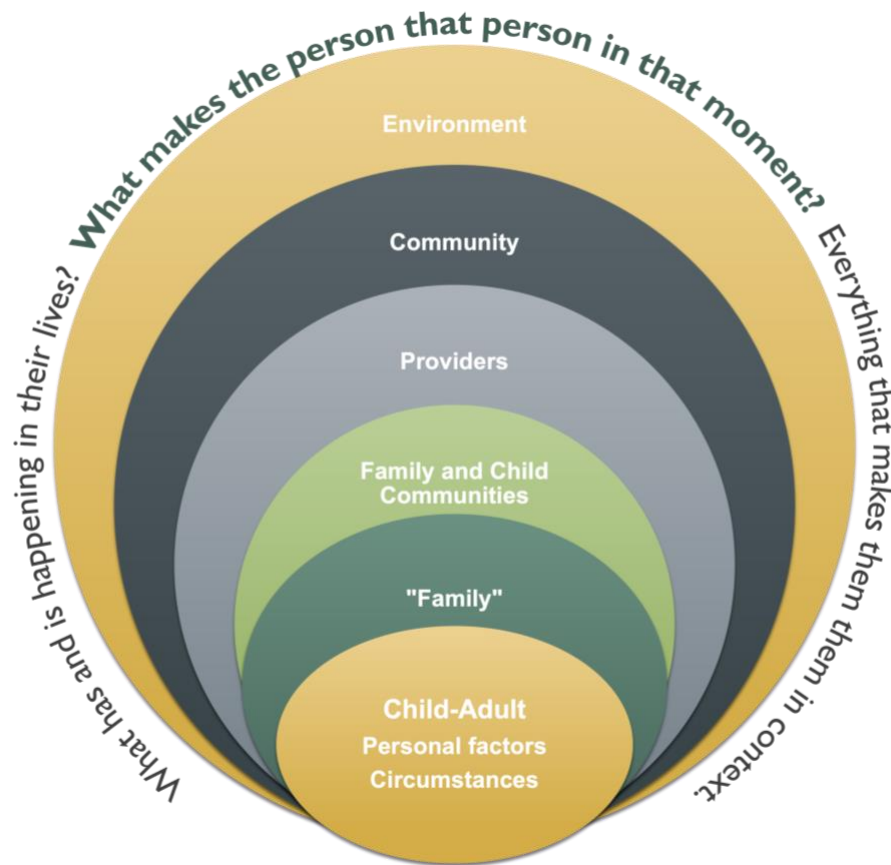
What was something that stood out to you while going through the reflection?

## Possible impacts of insidious trauma

### Not everyone all the time:

Everyone has their personal factors and circumstances; in which there are intrinsic, adaptive, and protective factors. And we know trajectory isn't determination.

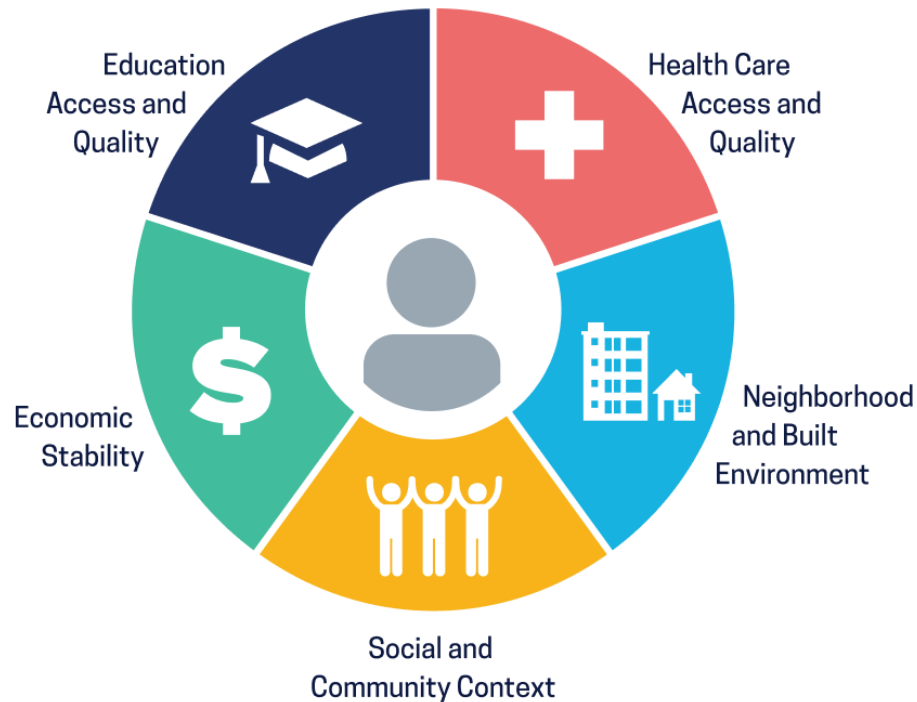
### Who we are in context:



- Strengths
- Protective factors
- Historical trauma
- Inter-generational trauma
- Daily life stress
- Burnout
- Adversity
- Past or/and current trauma: Direct; Indirect; Acute; Chronic; Complex; Insidious; Collective/organizational/community; Vicarious; Secondary traumatic stress

## Social Determinants of Health example

# Social Determinants of Health



Social Determinants of Health  
Copyright-free

 Healthy People 2030

<https://health.gov/healthypeople/priority-areas/social-determinants-health>

### Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

### Insidious trauma with the SDOH:

## Impact of Trauma on Individuals

Emotional	Behavioral	Physical	Developmental	Cognitive	Interpersonal	Spiritual
<ul style="list-style-type: none"> <li>• Difficulty regulating emotions</li> <li>• Emotional numbness</li> <li>• Depression and anxiety</li> <li>• Post traumatic stress disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Substance use</li> <li>• Self-destructive behaviors</li> <li>• Avoidance of situations, people, and places</li> </ul>	<ul style="list-style-type: none"> <li>• Physical symptoms resulting from emotional distress, including headaches, high blood pressure, and fatigue</li> <li>• Hyperarousal resulting in muscle tension and insomnia</li> </ul>	<ul style="list-style-type: none"> <li>• Impact varies by age group</li> <li>• Children and elderly at greatest risk</li> <li>• Changes occur in brain development</li> </ul>	<ul style="list-style-type: none"> <li>• Impaired short-term memory</li> <li>• Decreased focus or concentration</li> <li>• Feeling alienated or ashamed</li> <li>• Dissociation, depersonalization, and derealization</li> <li>• Flashbacks or re-experiences of the event</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawal from family, friends, community</li> <li>• Difficulty trusting others</li> </ul>	<ul style="list-style-type: none"> <li>• Depression and loneliness can lead to feelings of abandonment and loss of faith</li> <li>• Over time can experience increased appreciation of life or enhanced spiritual well-being</li> </ul>

<https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach>

### **Allostatic load:**

Allostasis is the process by which the body responds to stressors to regain homeostasis.

Allostatic load/overload is the related effects in the body, from repeat or chronic stress.

Original term from Bruce S McEwen and Eliot Stellar, 1993

### **Weathering:**

Chronic exposure to experiences like racism, can lead to earlier health deterioration; both earlier health conditions (morbidity) and earlier death (mortality).

Original term from Arline Geronimus, 1992

## **Moral distress and secondary traumatic stress – insidious trauma**

Adapted from: [National Child Traumatic Stress Network's learning center](#): Cuellar, R., Hendricks, A., Clarke, M., Sprang, G., & the NCTSN Secondary Traumatic Stress Collaborative Group. (2021). [Secondary Traumatic Stress: Understanding the Impact on Professionals in Trauma-Exposed Workplaces](#). Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

### **Moral Distress**

“Stress that occurs when one believes they know the right thing to do, but institutional or other constraints make it difficult to pursue the desired course of action.”

### **Secondary Traumatic Stress (STS)**

- Symptoms similar to, and at its most severe meet the criteria for, PTSD – from being indirectly exposed to another person’s direct traumatic experience(s).
- Can impact children/youth and adults.

### **Moral distress, STS, and insidious trauma**

- The daily incidents of marginalization, objectification, dehumanization, intimidation, et cetera, experienced by those I’m connected to/work with, can create moral distress or STS.
  - Connected to - my child, my child’s friend, my partner, my friend, my colleague, so on
  - Working with - any formal role, including volunteer
- One may be both personally experiencing insidious trauma - as well as any moral distress/STS from those they’re connect to/working with.
- If any part(s) of my identity/circumstance is part of the group that can experience insidious trauma, I may have additional vulnerabilities, such as:
  - Identification with individuals of a similar identity(ies) or with similar experiences.
  - Being asked/feeling compelled to contribute expertise about my marginalized identity(ies).
  - Having a greater load than others.

## **Questions:**

One thing that stood out to you from what we covered?

Thoughts on how being aware of the possible impacts, can be a stressor in itself?

Thoughts on how this ties to creating physical and psychological safety, for ourselves and others?

**How much hope there is** – In us doing better, as individuals and a society.

The need for the **“Urgency of now”**



## What can WE individually do?

### Example possibilities

- Start with ourselves - Examine own biases, blind spots, behaviors, so on -- Even if you are experiencing insidious trauma, there might be areas you unknowingly contribute.
- Include a lens of “How might insidious trauma be a source/contributing source to what this individual is experiencing/exhibiting?”
- Practice the best self-care we can. - Learn more about self-care, including ways to mitigate STS (some sources in Appendix A); Reach out for help, as safe to do so.
- Learn more about the issue
- Create awareness – help others understand the issue and possible impacts.
- Advocate for change – if possible, look for partners who are already doing advocacy work, and team up for greater impact.
- Incorporate into the work you are already doing – e.g., part of a group, such as parent, neighborhood, business, so on; or you’re part of a specific initiative, like trauma informed change (some sources Appendix B).
- Safety - Think of insidious trauma’s interplay with creating physical and psychological safety in Environment, Practice, and Policy – home, business, neighborhood, system, field of work, so on
  - Question – What insidious trauma sources are present in our (fill in the blank)?  
What is the evidence based, based on?
  - Set up – location, hours, costs, languages
  - Accessibility – physical set up, materials
  - Pragmatics – transportation, child-care
  - Culture – self-care, supportive

## **Closing:**

[The Monkey Business Illusion, Daniel J. Simons – YouTube](https://www.youtube.com/watch?v=IGQmdoK_ZfY)

([https://www.youtube.com/watch?v=IGQmdoK\\_ZfY](https://www.youtube.com/watch?v=IGQmdoK_ZfY))

What are we missing with insidious trauma?

- Blind spots for what is known.
- What are some sources of insidious trauma, “we” might not recognize yet?

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Bibliography notes:

- I may not have read/watched all, but of those I didn't, at least thought they should be considered.
- This bibliography was compiled for other insidious trauma trainings I provide.

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## Appendix A: Sources for self-care and secondary traumatic stress

[CalTrin \(California Training Institute\)](https://www.caltrin.org/) (<https://www.caltrin.org/>)

- [CalTrin Self-Paced Courses](#)
  - [Understanding Compassion Fatigue and Secondary Traumatic Stress](#)
  - [Strategies for Addressing Compassion Fatigue and Secondary Traumatic Stress](#)
- [CalTrin Training Archive](#)
  - [Secondary Traumatic Stress and Reflective Practice/Supervision](#)
  - [Trauma, Compassion Fatigue & Secondary Traumatic Stress](#)
  - [Organizational Strategies: Addressing Compassion Fatigue & Secondary Traumatic Stress](#)

[Secondary Traumatic Stress Consortium – free resources](#)

(<https://www.stsconsortium.com/free-resources>)

[Southern Regional Children’s Advocacy Center – Secondary Traumatic Stress Resources](#)

(<https://www.srcac.org/reflect-refuel-reset/>)

[University of Kentucky Center on Trauma and Children’s Secondary Traumatic Stress](#)

[Innovations and Solutions Center](#) (<https://ctac.uky.edu/projects-and-programs/secondary-traumatic-stress-innovations-and-solutions-center-sts-isc>)

- [Staying Inside the Window of Tolerance: An Advanced Training on Secondary Traumatic Stress and Resiliency](#)

[Using the Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision -](#)

[NCTSN](#) (<https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision>)

[Virtual Calming Room - Sacramento City Unified School District](#)

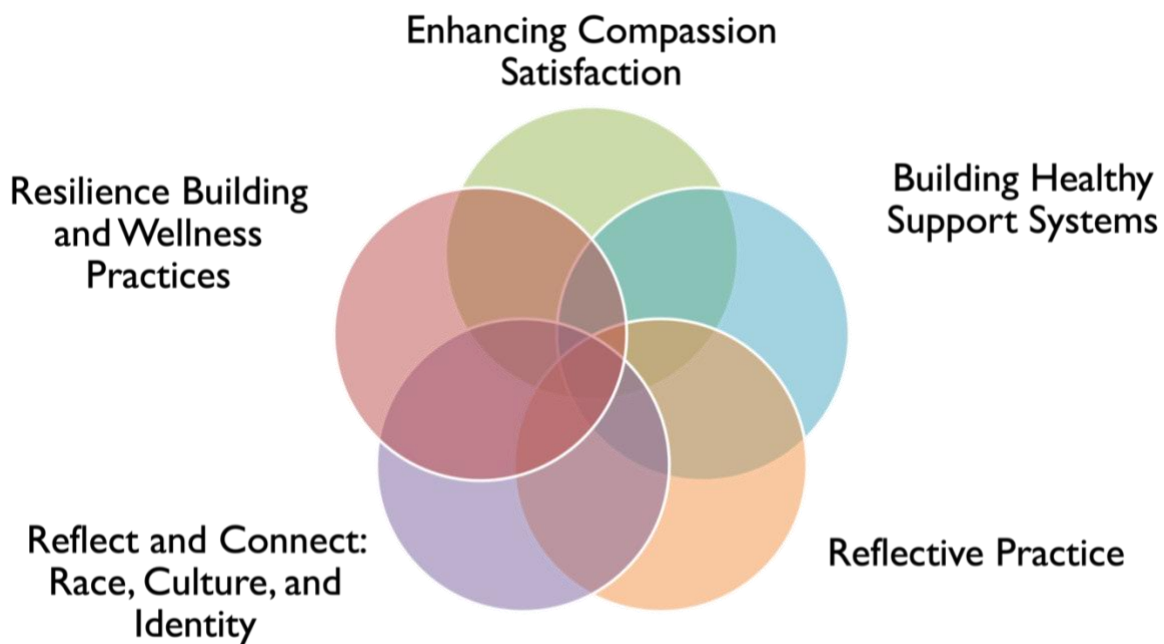
(<https://calmingroom.scusd.edu/>): Has strategies and tools for students, families, and staff.

**NOTE:** Some things to consider when using hotlines or mental health or/and wellness, apps or/and online services.

- How do they protect my privacy? Are there steps I can take to protect my privacy?
- Are they ethical in their practices?
- What is the benefit/cost/risk of using them?

### **Example of “Recommended strategies to mitigate STS” from NCTSN**

[Secondary Traumatic Stress: Understanding the Impact on Professionals in Trauma-Exposed Workplaces](#). National Child Traumatic Stress Network’s learning center.





### **Enhancing compassion satisfaction:**

We all have bad days at work, but there are also moments that remind us why we do this work.

- Think about a rewarding moment at your job.
- What are 3 things that you love/enjoy about your job?
- Think about 5 people whose lives you've touched.
- Why did you take your current job?
- What are 3 compliments you have received from your co-workers, or 3 things you think you do well?

### **Building healthy support systems:**

- Form or attend a process/consult group.
- Ask to take a walk and/or debrief with a co-worker.
- Leave a note of gratitude for a co-worker.
- Give a compliment or praise for a job well done.
- Share "moments of grace & goosebumps" with your team.
- Eat lunch together, go for a coffee/tea break, or bring snacks to a meeting.
- Tell a joke/funny story or show photos to a co-worker.

### **Reflective practice:**

- What are your most salient signs and symptoms of work distress? When are you most likely to notice these come up, and when could you take stock on a regular basis?
- What client encounters or histories/stories tend to bring up strong emotions and reactions in you? How might this connect to your own history, family norms, or personal vulnerabilities? How might this influence or change your interactions with clients/situations that tend to activate these "hot or soft spots" for you? What has helped you to respond effectively in the past?
- What emotions tend to be most difficult for you to feel during the work day (with clients or co-workers)? How might this relate to the way emotions were handled in your own family of origin (e.g., which emotions were "allowed" or not) or from other key influences?

### **Reflective practice with co-workers, low-impact debriefing:**

- Have conversations in private.
- Engage in Low-Impact Processing with co-workers when you feel stuck or ruminative.
  1. Self-Awareness
  2. Fair Warning
  3. Consent
  4. Limited Disclosure (avoid “**sliming**” your co-workers!)
- Refrain from one-upmanship when describing trauma or workplace stressor stories.

### **Reflect and Connect: Race, Culture, and Identity**

Consider your own identities. How do your identities influence...

- ...the way you see the world?
- ...the way you see your work?
- ...the way you understand the children and families with whom you work?

Check in with yourself...

- When you think about your work and your community, how do you feel?
- How do factors related to your identities contribute to your resilience and/or your experience of STS?
- Do you have someone to talk to about how you are feeling?

Connect with others to build mutual support around how your identities, cultures, race, and history may affect your responses to your work.

- Informal, supportive discussions with peers
- Regular peer processing groups
- Peer support and/or mentorship outside of your organization

Seek out and participate in traditional, cultural, and community healing, ceremonies, and supports.

Be honest and real about current injustices and challenges while also holding space for idealism, hope, and building change for future generations.

## Appendix B: Sources for trauma-informed approaches

### Physical and psychological safety in Environment, Practice, and Policy

#### Trauma-Informed Approaches

##### [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach 2014](https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884)

(<https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>) This manual introduces a concept of trauma and offers a framework for becoming a trauma-informed organization, system, or service sector. The manual provides a definition of trauma and a trauma-informed approach, and offers 6 key principles and 10 implementation domains.

##### [SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach 2023](https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach)

(<https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach>) This practical guide updates and expands the discussion presented in SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach Resource from 2014. The primary goal of this guide is to provide implementation strategies across multiple domains based on the original publication.

#### Considerations

##### [Older Adults' Equity Collaborative's Equity Assessment Checklist](https://resourcelibraryadmin.nyam.org/resource-library/oaec-equity-checklist/)

(<https://resourcelibraryadmin.nyam.org/resource-library/oaec-equity-checklist/>)

This equity self-assessment aims to help agencies determine how effectively they are supporting communities of greatest social need (GSN). It also aims to aid in identifying areas of growth. To get started, mark the boxes next to the actions your agency or team is taking to be more inclusive to this range of service recipients. Please note that this is not an all-encompassing list of items necessary to serve GSN clients in your communities.

Communities of Greatest Social Need (GSN) include: Black; Latino; Indigenous and Native American; Asian American and Pacific Islander; other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons who live in rural areas.

[SAMHSA TIP 59: Improving Cultural Competence](https://www.samhsa.gov/resource/ebp/tip-59-improving-cultural-competence) (<https://www.samhsa.gov/resource/ebp/tip-59-improving-cultural-competence>)

[United Spinal Association's Disability Etiquette, Tips On Interacting With People With Disabilities](https://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf) (<https://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf>)