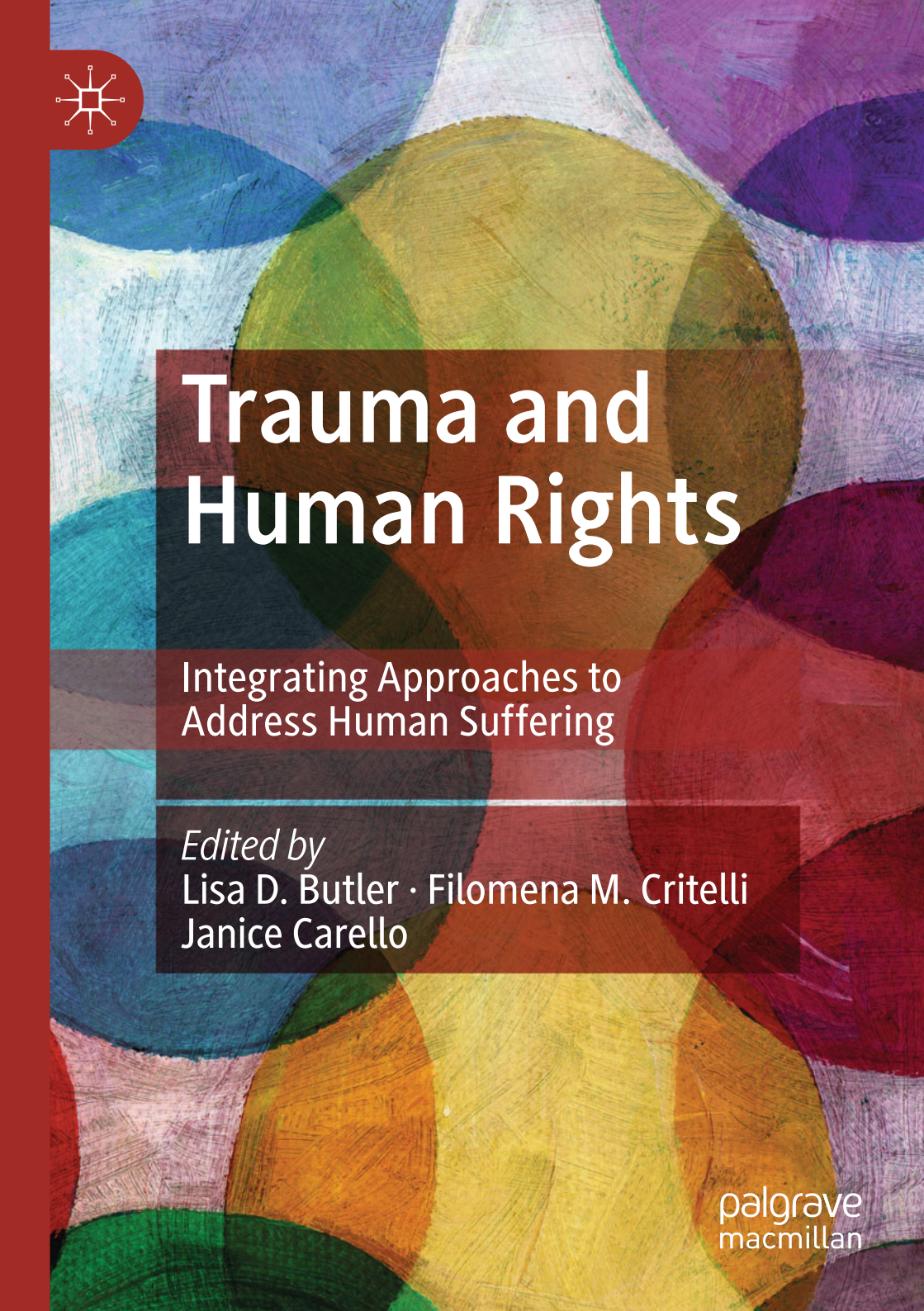
Trauma and Human Rights
Integrating Approaches to Address Human Suffering
Edited by
Lisa D. Butler · Filomena M. Critelli
Janice Carello
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Trauma and Human Rights

"Awareness of the political implications of trauma perpetration has grown so obscured among academics that in many quarters it has almost entirely faded from view. This volume is a sorely needed corrective, examining trauma through the lens of power and oppression. *Trauma and Human Rights* reveals that at its core interpersonal assault is not only a source of enduring psychological damage, but a violation of basic freedom and dignity as well."

—Steven N. Gold, *Ph.D., Director of Trauma Resolution & Integration Program and Professor at Center for Psychological Studies, Nova Southeastern University, USA*

"This important volume enhances readers' understanding of the forces and impact of human suffering by integrating the human rights framework and the trauma framework. An early chapter written by the editors is such a rich discussion of trauma and human rights and their intersection that it should be required reading for all social service and mental health professionals. As a whole, the book is an impressive addition to the literature and will encourage more effective practice across the micro-macro spectrum."

—Lynne M. Healy, *Ph.D., Board of Trustees Distinguished Professor Emerita, University of Connecticut, USA*

"The global movement to advance human rights is one of the great social hallmarks of the late twentieth and early twenty first Centuries. Despite egregious setbacks this remains the most important legal framework to advance human welfare and protection. Over the same period scientific understanding of the health impacts of exposure to catastrophic trauma has changed forever the understanding of human adversity. The authors have provided a seminal work that integrates these two frameworks in a masterful series of contributions that bring greater depth to the understanding of both. This should be essential reading for anyone interested in better understanding human rights and trauma."

—Zachary Steel, *Ph.D., St John of God Chair in Trauma and Mental Health, School of Psychiatry, University of New South Wales, Australia*

Lisa D. Butler · Filomena M. Critelli · Janice Carello
Editors

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We dedicate this book to the victims and survivors of traumatic events and human rights violations and to all those everywhere—students, instructors, researchers, human rights advocates, helping and human service professionals, health care providers, counselors, lawyers, ministers—whose efforts make such a difference.

Foreword

(Re)Contextualizing Trauma-Informed and Human Rights Frameworks

Anyone who has worked in the field of trauma for a number of years is familiar with the cycle of contextualizing, decontextualizing, and then recontextualizing key ideas. For example, the concept of trauma itself has been understood in multiple contexts, ranging from those focused on its being "out of the ordinary range of human experience" to those emphasizing its nearly normative quality. *Decontextualizing* refers to the frequently reductive ways in which each of these understandings comes to be seen as standing on its own, regardless of the real-life contexts that attend traumatic events. De-contextualizing (literally) subtracts context. The challenge, then, comes with the task of *recontextualizing* traumatic experiences, putting them back into some kind of meaningful context that makes sense of them in a new way. For example, adding the idea of *potentially traumatic experience* to that of trauma itself adds a key understanding that offers a different context for trauma. It offers a reframing of trauma that shifts the very definition to a subjective one in which the trauma survivor is the expert with respect to their own experiences and is able to say when a potentially traumatic experience becomes an actual trauma as well.

Human rights frameworks have similar patterns, I am sure, though I am not as familiar with that field of study, so I don't know them as well. The editors and chapter authors of the current volume, though,

have certainly made an impressive case for the intersection and, ultimately, the integration of trauma-informed and human rights-based approaches. I will argue in this foreword that the extent to which these two frameworks become integrated depends to a significant degree on the similarity and compatibility of their *cultures.* Similarity in culture in turn depends on the core values and principles of trauma-informed and human rights-based approaches.

When Maxine Harris and I first made the distinction between trauma-informed and trauma-specific levels of intervention, we had in mind a particular kind of relationship between these two types of models: that being *trauma-informed* would create a *context* for the effective implementation of *trauma-specific* services. As we developed these ideas further, we began to label our approach *creating cultures of trauma-informed care* (Fallot & Harris, 2009, 2011). Much of this work focused on the need for organizational transformation planted firmly on the core values of safety, trustworthiness, choice, collaboration, and empowerment (Fallot & Harris, 2008). Our earliest conceptualizations, though, were found wanting on a number of levels. First, we had clearly focused too much attention on the needs of individual trauma survivors. We referred to this as the "Basic Lesson" we learned from this first phase of our consultations.

> Staff members—*all* staff members—can create a setting of, and offer relationships characterized by, safety, trustworthiness, choice, collaboration, and empowerment *only* when they experience these same factors in the program as a whole. It is unrealistic to expect it to be otherwise. (Fallot, 2011, n.p.)

In other words, we had discovered that creating an organizational culture meant that this culture affected everyone in the organization, not just those people who receive services there. In this way, we learned that safety, trustworthiness, choice, collaboration, and empowerment need to characterize the relationships staff members have with each other and with the administration of the organization, as well as with clients.

The second part of our *recontextualizing* the idea of trauma-informed care was recognizing that culture could not, should not, be restricted or limited to a single organization. Not long after the publication of *Using Trauma Theory to Design Service Systems* (Harris & Fallot, 2001) we began to hear about other sites that were adopting *trauma-informed*

approaches to their work. They ranged enormously in size and complexity, from school systems in Massachusetts and Washington State, to coalitions of mental health and/or substance abuse service providing organizations in Connecticut and South Carolina, to communities like Tarpon Springs, Florida, and parts of St. Louis, Missouri, to major cities like San Francisco and Philadelphia, to states like Oregon, Vermont, and Wisconsin. It is not surprising to many of us that such a range of places would decide to create a shared culture of trauma-informed care.

The third part of recontextualizing trauma-informed care is reaffirming the five core values that describe its culture. Safety, trustworthiness, choice, collaboration, and empowerment have proven themselves to be feasible and effective in a wide number of settings and with a wide range of participants. We have come to see these core values as virtually universal in all of the environments we have experienced. When the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) decided to create its own trauma-informed care model it adapted these five core values (SAMHSA, 2014).

The core values are based on numerous interviews, informal group discussions, and one-on-one conversations with survivors of trauma and the staff members who work with them. Safety is the first value because it is the most fundamental to establishing a sense of security and protection. Avoiding retraumatization and traumatic memory triggers are key to developing a safe context. All five core values apply equally to client and staff. Trauma-informed care requires a transformation of culture: safety is as important to staff as it is to clients. Staff may experience, for instance, not only vicarious or secondary traumatization but may bring their own trauma histories to the workplace. Trustworthiness, as the second core value, requires the creation of a context and relationships that do not replicate prior experiences of betrayal. Transparency and honesty are corollaries of trustworthiness. They provide another antidote to the toxic effects of betrayal trauma. Choice, the next core value, is important because all trauma is forced on people; no one would choose it. Given choices, though, survivors and staff often come to recognize the centrality to well-being of freedom and control. Collaboration involves the leveling of hierarchy in relationships. This means people work *together* rather than one person or group doing something for or to another. Finally, for people who have experienced themselves as without power, empowerment is a top priority. When people have been exposed to disempowering relationships, either in childhood or adulthood, they often look

to power to remedy this deficit. Acknowledging people's strengths and affirming their value as human beings are ways a trauma-informed culture embodies the importance of empowerment.

Human rights-based approaches claim a similar universality of core values, whether these core values are based on the documents themselves, such as the *United Nations Universal Declaration of Human Rights* or its subsequent expressions and covenants, or a distillation of these values as in the work of David K. Androff (2016; Chapter 12, this volume). Androff divides two main values, human dignity and nondiscrimination, into five principles. These are (1) human dignity and (re)humanization; (2) nondiscrimination and the historically and socially excluded; (3) participation and engagement; (4) transparency and truth-seeking, (5) accountability and human rights culture. Similarly, Kim, Berthold, and Critelli (Chapter 10, this volume) take Androff's five values of a human rights-based social work practice and lay them out in tandem with the five core values of trauma-informed care. Clearly, these represent attempts to integrate the two frameworks, a goal that seems at the heart of what the editors of this volume (Butler & Critelli, Chapter 2, this volume; Carello, Butler, & Critelli, Chapter 1, this volume) want to accomplish. This integrative task, though, rightly relies on the extent to which the two frameworks represent similar and compatible cultures, that is, the degree to which their core values are similar and compatible. A not unrelated issue is whether and how much the idea of trauma and the idea of human rights violation overlap.

Let us begin with this second issue first, i.e., the degree to which the idea of trauma in trauma-informed care is similar to that of human rights violations in rights-based approaches. Many of the authors of this current volume assume that these two ideas are very similar, in fact using them almost interchangeably. However, it is worth questioning this assumption a bit more rigorously, before assuming its truth. Trauma, as it is currently understood, involves a subjective state of feeling overwhelmed by a particular circumstance or set of circumstances. This is the distinction between a *potentially traumatic experience* and an actual trauma that I mentioned earlier. Further, and perhaps more importantly, though, is the fact that the two frameworks draw on such different bases of traumatic experiences. The human rights movement, based in the aftermath of the Holocaust and the United Nations' response to this event, sees trauma as emanating especially from large-scale intergroup or international

conflicts including especially wars and civil conflicts. Trauma-informed care has, in contrast, relied more heavily on familial and community violence and abuse rather than the large-scale impact of wars. Trauma-informed care can certainly learn from the trauma associated with war to take into account such large-scale events, drawing on the human rights-based approach and expanding its own purview in relation to it. Similarly, perhaps it is possible for the human rights-based approach to take more seriously the traumatic impact of familial and community violence. Of course, it is essential not to overstate these differences. Many of the movements in the basic human rights framework—e.g., the women's movement (Critelli & McPherson, Chapter 7, this volume); the lesbian, gay, bisexual, transgender, questioning/queer, intersex, and two-spirit group (LGBTQI2S; Elze, Chapter 8, this volume), the indigenous people in this country (Weaver, Chapter 4, this volume); and the Black population in the United States (St. Vil & St. Vil, Chapter 5, this volume)—all have inflated rates of abuse in childhood in the family and community settings. So, in many of these *human rights violations*, there are indications of trauma as it is understood in the trauma-informed care approach. Conversely, there are indicators of trauma like adverse childhood experiences that amount to human rights violations (e.g., of degrading treatment or of treatment that makes it impossible for an individual to achieve their maximum well-being) in the rights-based world. For example, children around the world are frequently subjected to such violations (Wolf, Prabhu, & Carello, Chapter 6, this volume). Older people, as well, especially those near the end of life, are vulnerable to retraumatization when their rights are violated (McGinley & Waldrop, Chapter 11, this volume).

As we have done with the definitions of trauma, so can we do with the sources of trauma, though the sources are largely different in the two frameworks, with the trauma model focusing more on the realms of the family and community while the human rights model emphasizes the larger stage of international conflict. In addition, the requirement that the human rights violation be caused by humans is also a narrow construction of the joint field's reality. Most major natural disasters that affect humans are not caused by humans. Tsunamis, hurricanes, tornadoes, mud slides, droughts are just a few of these. But they are clearly potentially traumatic events for the people who experience them (see also Butler & Critelli, Chapter 2, this volume). As with our findings about the definitions of trauma, though, we summarize by pointing out the

large areas of overlap in the midst of this diversity. Overlapping sources of trauma and human rights violations include the full range of childhood and adulthood abuses and exposure to violence (whether experienced individually or as a member of a group).

In conclusion, then, we return to the opening ideas about context, and we are left to wonder whether trauma-informed care and human rights-based approaches might serve as a mutual context for each other. Trauma-informed care could benefit from having a dialogic partner that largely shares its most central values and yet carries enough differences to be distinctive in its approach. Human rights-based workers could also benefit from having a partner that, while similar in core values, is more focused on the "hows" of their shared commitments. Though the two frameworks draw on somewhat distinct understandings of trauma, they have a large enough overlap to sustain a dialogue and, similarly, there is enough overlap in the presumed sources of trauma to contribute to a meaningful conversation.

Further, one could posit a level of mutuality that extends to the central value of a human rights-based culture: accountability. By creating cultures of *mutual accountability*, the two models offer a unique perspective, one that draws on both the mutuality of trauma-informed care and the accountability of the human rights-based system. In leveling the hierarchy in this way, the two approaches become more like partners in the initiatives on which they might share perspectives. Rather than one group holding the other "accountable" (an approach that gives one group more power and authority than the other), this approach assigns equal authority to the two groups and expects each of them to hold themselves and the other group accountable for meeting the goals of the project, goals which were themselves set mutually.

The idea for this context of mutual accountability lies in its origins in the works of those who have advocated for trauma-informed care and for a human rights-based approach. It calls for a new generation of workers who are dedicated to these two frameworks and who are willing to be advocates for both of them simultaneously.

North Haven, Connecticut
January 2019

Roger D. Fallot, Ph.D.

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CHAPTER 1

Introduction to *Trauma and Human Rights*: Context and Content

Janice Carello, Lisa D. Butler, and Filomena M. Critelli

The impulse to save the world is both grandiose and mundane. Odds are, as a person reading this book, you are someone who strives to make a positive difference in the world and to do what you can to help alleviate human suffering. It is obviously unrealistic to believe that we, as individuals, possess the power to save the world, but it is fatalistic—for ourselves and our species—to believe that we, as individuals, are powerless. Needless to say, humans are capable of committing atrocities. This book will not disconfirm that fact. Hopefully, though, it will reaffirm what is also true but seems hard to discern sometimes: that humans are capable of great compassion and that they can and do accomplish remarkable things when they work collaboratively.

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In her seminal text, *Trauma and Recovery*, Judith Herman (1997) observed:

> Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. (p. 33)

In many ways, the wellspring of the twentieth-century movements to delineate and affirm universal human rights and to grasp and remedy the lingering effects of traumatic experience has been the compassion of those deeply unsettled by the suffering they saw throughout much of that and previous centuries. Emergent understandings of the causes and consequences of warfare, colonial expansion, tribalism, bigotry, and oppressive social conditions—and of the suffering they create—amplified these traditions into separate frameworks: the *human rights framework* and the *trauma framework*. As described in Chapter 2 (Butler & Critelli, this volume), the human rights framework codifies the conditions necessary to promote and ensure dignity, fairness, respect, diversity, and equality among humans, while the trauma framework offers a vocabulary and methodology for describing aspects of human suffering and approaches to intervene in that suffering. More recent observations by those intervening with victims of trauma have prompted a paradigm shift in the general approach to treatment of trauma-related conditions, that being: *trauma-informed care* (TIC; Harris & Fallot, 2001) and principles to guide its implementation (Fallot & Harris, 2009). This volume seeks to weave these three conceptual strands into a fabric of understanding that can help to illuminate and inform professional approaches with a variety of populations and across multiple settings and levels of practice.

In the first sections of the present chapter, we introduce the concepts of the trauma and human rights (THR) frameworks and then trace the origins of TIC for readers who may be unfamiliar with the concept or the movement toward integration of trauma-informed approaches in behavioral health, child welfare, and educational settings. Following that, we describe the book's origins as background for the chapters that follow by introducing the context in which the book was conceived. These sections are followed by a description of how the book is organized and the book's goals.

Trauma-Informed Care: At the Intersection of Trauma and Human Rights

As Becker-Blease (2017) points out, "the term *trauma-informed* is trending" (p. 131). A quick Google search will produce millions of results. Despite the growing popularity of the term, however, many people—including trauma educators, researchers, and therapists—have not developed a clear understanding of what it means to be trauma-informed and often conflate TIC with trauma-specific services. To be *trauma-informed* in any context means to understand the ways in which violence, victimization, and other forms of trauma have affected individuals, families, and communities, and also to *use that understanding* to implement practices and policies that seek to prevent further harm and to promote healing and recovery (Harris & Fallot, 2001). In other words, TIC means accommodating individual trauma through changes in approach at both the client and the system levels.

It is important to remember that *TIC* differs from *trauma-specific services* in that the former refers to direct service and an organizational change process built on a set of principles (Bowen & Murshid, 2016), while the latter refers to individual and group interventions designed to directly treat symptoms and syndromes resulting from trauma exposure (Harris & Fallot, 2001). Examples of trauma-specific services include trauma-focused cognitive behavioral therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006), cognitive processing therapy (CPT; APA, 2017), eye-movement desensitization reprocessing (EMDR; Shapiro, 1995), Progressive Counting (Greenwald, 2013), and Seeking Safety (Najavits, 2002). An organization can, therefore, be trauma-informed without providing trauma-specific services; likewise, an organization can provide trauma-specific services without being trauma-informed.

It is also important to remember that trauma-informed approaches were developed as an alternative to coercive medical models of service provision (Harris & Fallot, 2001); Lewis, Kusmaul, Elze, & Butler, 2016). These alternative models began to emerge in the late 1990s in response to the growing awareness of the prevalence and impact of trauma among consumers of behavioral health services. Sandra Bloom's (1997) *Creating Sanctuary: Toward the Evolution of Sane Societies* explored the intergenerational effects of trauma on individuals and institutions and compelled us to start thinking about trauma as a public health issue. Maxine Harris and Roger Fallot's (2001) seminal text,

Using Trauma Theory to Design Service Systems, provided an argument for and concrete examples of how to integrate trauma theory into assessment and treatment policies and practices in order to avoid unintentional reproduction of abusive relationship dynamics that often bring individuals into treatment in the first place.

Around the same time that Harris and Fallot coined the term *trauma-informed* and Bloom began building the Sanctuary Model, the first findings of the groundbreaking Adverse Childhood Experiences (ACE) Study were published (Felitti et al., 1998), establishing links between childhood trauma and long-term social, emotional, and health problems in adulthood. The ACE Study also provided evidence that adverse experiences in childhood are not uncommon, as was widely believed. Another influential study from around the same time was the Women, Co-Occurring Disorders and Violence Study and Children's Subset Study, which was sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2007). The study implemented and evaluated numerous programs designed to help women and their children recover from mental health and substance-use disorders.

Findings from studies such as these, combined with advocacy efforts by individuals such as Ann Jennings (http://www.theannainstitute.org/), helped spark federal- and state-level trauma-informed policy and practice initiatives in child welfare systems and K-12 schools, such as the National Center for Trauma and Trauma-Informed Care (NCTIC), the Trauma and Learning Policy Initiative (https://traumasensitiveschools.org/), and Trauma-Informed Oregon (https://traumainformedoregon.org/). Networks such as The National Child Traumatic Stress Network (https://www.nctsn.org/) and ACEs Connection (https://www.acesconnection.com/) were also created to link service providers, parents, educators, researchers, and individuals to one another and to information and resources related to trauma and TIC.

About This Book

Origins

In response to the developing understanding of the impact of trauma, Courtois and Gold (2009) called for the inclusion of trauma in clinical training programs. Under the leadership of Dean Nancy J. Smyth, the

University at Buffalo School of Social Work (UBSSW) faculty began infusing a trauma-informed, human rights-based (TI-HR) perspective throughout the Master of Social Work (MSW) program in 2009. As articulated on the UBSSW website (http://socialwork.buffalo.edu/about/trauma-informed-human-rights-perspective.html), this perspective embodies social work values in its commitment to training students to understand the widespread prevalence and impact of trauma on individuals, families, and communities and to use that understanding to promote social and economic justice at the micro-, mezzo-, and macro-levels. The UBSSW was ideally positioned for this innovation given its longstanding educational training focus on trauma, including the creation of a trauma counseling certificate program in 2000 and the development of the inSocialWork Podcast Series (http://www.insocialwork.org) in 2008, which features an entire series on trauma and TIC as well as a number of podcasts addressing human rights issues.

The TI-HR transformation began with several years of discussions among stakeholders and culminated in an application to the school's national accrediting body, the Council on Social Work Education (CSWE), to approve this alternative curriculum. In addition to the project proposal, the alternative reaffirmation project involved updating all course syllabi and content to reflect the refined focus; integrating a new required advanced year course: *Perspectives on Trauma and Human Rights: Contemporary Theory, Research, Practice, and Policy*; enhancing collaborations with field settings; and launching an online "Self-Care Starter Kit" (https://socialwork.buffalo.edu/resources/self-care-starter-kit.html; Butler & McClain-Meeder, 2015).

Research and assessments were also conducted as part of the transformation effort. These have been used for programmatic improvement and have also resulted in several publications and presentations, including those examining the implementation of a TI-HR perspective in course and field curriculum (e.g., Lewis et al., 2016; Richards-Desai, Critelli, Logan-Greene, Borngraber, & Heagle, 2018; Wilson & Nochajski, 2016) and applications to other settings (e.g., Butler, Critelli, & Rinfrette, 2011; Butler & Wolf, 2009; Carello & Butler, 2014, 2015); those exploring TIC among our community agency partners (Wolf, Green, Nochajski, Mendel, & Kusmaul, 2013); those investigating stress, trauma, and self-care among students in clinical training (e.g., Butler, Carello, & Maguin, 2017; Butler, Maguin, & Carello, 2018; Butler, Mercer, McClain-Meeder, Horne, & Dudley, 2019), and others.

Another significant and concurrent development was the creation of the Institute on Trauma and Trauma-Informed Care (ITTIC; http://www.socialwork.buffalo.edu/research/ittic/), which is affiliated with and directed by two UBSSW faculty members. The institute provides research and training for community organizations concerning trauma and TIC, and it offers evaluation, trauma-specific treatment interventions, training, technical assistance, and consultation.

We, the book's co-editors, met through our connection with the UBSSW. Lisa D. Butler joined the faculty at the beginning of the reaccreditation process in 2009 and became a member of both the TI-HR project team and the ITTIC advisory board. As part of that effort, she spearheaded the development of the school's self-care webpages and has since been conducting research on self-care and trauma exposure in clinical training and other trauma-related topics. Filomena Critelli has been a faculty member of the UBSSW since 2005. She is also co-director of the Institute for Sustainable Global Engagement. Her research and advocacy focus on the rights of women and children, including immigrants and refugees, in both domestic and international contexts. Janice Carello was a student in the UBSSW MSW program as the school began to implement this new curriculum. Her innovative application of TI principles to educational practice in an assignment in the THR class inspired her to become a researcher and to develop an investigative focus on retraumatization in educational settings and to advocate for trauma-informed approaches in higher education. All three of us currently teach a section of the THR course, and we have worked together on prior trauma-related research projects and publications. This book represents the outgrowth of our collaboration.

Organization

Following this introductory chapter, we present the conceptual foundation for the book: Chapter 2 (Butler & Critelli) provides a brief history of the THR frameworks individually and then elucidates the ways in which, when considered together, they enhance our understanding of individual and collective human suffering and the means to alleviate them. Chapter 3 (Bowen, Murshid, Gatenio-Gabel, & Brylinski-Jackson) illustrates the application of a trauma-informed and human rights framework to policy practice. Chapters 4 through 11 explore the occurrence and intersection of traumatic events and human rights violations among specific populations, including Native Americans (Weaver, Chapter 4); African-Americans (St. Vil & St. Vil, Chapter 5); children (Wolf, Prabhu,

& Carello, Chapter 6); women (Critelli & McPherson, Chapter 7); lesbian, gay, bisexual, and transgender individuals (Elze, Chapter 8); individuals with mental disabilities (Szeli, Chapter 9); refugees and asylum seekers (Kim, Berthold, & Critelli, Chapter 10); and older adults (McGinley & Waldrop, Chapter 11). The book concludes with exploration of the use of truth and reconciliation commissions in helping communities recover from THR abuses (Androff, Chapter 12), and thoughtful, historical and personal reflections on the progress made (and still needed) in conceptions of THR (Bloom, Chapter 13, Afterword).

To help ensure consistency in these chapters and attention to the overarching framework for the book, we invited authors to consider the following questions in relation to the issue or population they were addressing in their chapters: What are the specific human rights issues involved? What are the potential trauma issues or adverse life experiences for your population? What would a trauma-informed approach to working with this population look like? How do these frameworks intersect/relate to each other within the issue or population you are discussing? And: What are the resilience factors that should be supported or strengthened in working with these groups or communities? Authors approached their chapters and addressed these questions in a variety of ways: some focused more on trauma, some more on human rights, some more on TIC, and some balanced all three.

As we expected, several significant, crosscutting themes surface in most or all of these chapters: the pervasiveness of historical population-level traumatic episodes and eras and of state-sanctioned violence and human rights violations; the necessity for evolving conceptions of traumatic experience, human rights, and TIC as refined and defined within specific populations; the tensions between those who seek to enlarge the purview of these constructs and those committed to limit or diminish them; the value for professionals of employing the THR frameworks *together*; the importance of civil and political movements to secure human rights and redress individual and collective trauma; and the urgency to continue in these efforts.

Goals

One of the challenges educators face when teaching THR is that many students are micro-oriented and have trouble understanding how philosophical discussions about THR pertain to their work with clients. It is our hope that each chapter provides sufficient information and examples

to help readers better understand the relationship between individuals and systems and better apply the concepts and principles being presented to their own practice experiences.

Another challenge we have each faced as educators in the THR course is that students can feel overwhelmed and powerless in the face of learning about so much suffering in the world. This is a normal response, especially for new practitioners. In the course, we integrate readings and assignments on self-care, vicarious traumatization, secondary traumatic stress, and burnout to help educate students and to mitigate these responses. Additionally, we assign a professional education development project to help students understand that their actions do make a difference and to channel their energy into developing educational materials they can share with others to encourage them to take that one next step toward becoming more THR informed (see, e.g., Virag & Taylor, 2016 and Walkowski, 2017).

Lastly, it is difficult to find scholarship that integrates both THR perspectives for the various populations with which students-in-training and professionals practice. So one of our main hopes for this book is to provide a resource to help students, educators, helping professionals, activists, researchers, and others take that one next step toward developing and implementing a more trauma-informed and human rights perspective in their work.

Herman (1997) observed that, when terrified, individuals call out to others, hoping to be comforted and protected, and if their cries for help go unanswered, they feel abandoned and disconnected from systems of care that keep them alive and give their lives meaning. As we conclude this introduction, we would like to extend our deepest gratitude to you, our readers, and also to our many collaborators—including chapter authors, colleagues, friends, and family members—for all that you do to heed these calls and to help restore hope and connection to others who feel alienated or alone. Your work—our work together—truly does make a difference.

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