



The Neurophysiology of Secondary Trauma: A Research-to-Practice Fellowship Project

Dr. Kelly E. Knight, Montana State University

Dr. Colter Ellis, Montana State University

Report coauthored by Amy K. Talcott, Research Assistant

Final Report, November 2018

This document was produced for the Center for Victim Research under grant number 2016-XV-GX-K006, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this document are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Center for Victim Research

The [Center for Victim Research](#) (CVR) is a one-stop resource center for victim service providers and researchers to connect and share knowledge. Its goals are to increase 1) access to victim research and data and 2) the utility of research and data collection to crime victim services nationwide. CVR's vision is to foster a community of victim service providers and researchers who routinely collaborate to improve practice through effective use of research and data.

Accordingly, CVR engages in a number of training and technical assistance activities to support victim research-and-practice collaborations. Specifically, CVR:

- Hosts a library of open-access and subscription-based victim research;
- Provides light-touch research-focused technical assistance to victim service providers;
- Translates research findings for the field in fact sheets, reports, and webinars; and
- Highlights useful research-and-practice tools and training resources for the field.

CVR also supports two types of [researcher-practitioner collaborations](#): interagency VOCA-SAC partnerships and local-level Research-and-Practice (R/P) Fellowships. In 2018, CVR's R/P Fellowship program supported nine teams of researchers and practitioners engaging in a variety of victim-focused research projects. Fellows were engaged in emerging, ongoing, or advanced research-and-practice partnerships. This report describes activities by one of CVR's 2018 R/P Fellowship teams.

R2P Fellows: Organizational Descriptions

Research Leads:

Dr. Kelly E. Knight, *Associate Professor, Department of Sociology and Anthropology, Montana State University*

Dr. Knight received her PhD in 2011 from the Department of Sociology at the University of Colorado at Boulder. Her research examines developmental, life course, and intergenerational trajectories of victimization, substance use, and offending. Her work has been published in journals such as *Trauma, Violence, and Abuse; Crime and Delinquency*; and *Criminal Justice and Behavior*. Together with Dr. Ellis, she leads a community-based participatory research project that works with both tribal and non-tribal communities in Montana to develop and evaluate an intervention response to secondary trauma for victim service providers. She teaches courses in Victimology, Criminological Theory, and the Sociology of Law Enforcement at Montana State University.

Dr. Colter Ellis, *Assistant Professor, Department of Sociology and Anthropology, Montana State University*

Dr. Ellis received his PhD in 2011 from the Department of Sociology at the University of Colorado at Boulder. He is a qualitative methodologist whose research focuses on rural people and communities. His work has been published in journals such as the *Journal of Interpersonal Violence*, *Deviant Behavior*, and the *Sociological Quarterly*. In 2014 he won the *Rural Sociology* "Best Paper" award. He teaches courses in Sociological Theory, Sociology of Gender, and Race and Ethnicity, and is part of Montana State University's Women, Gender, and Sexuality Studies faculty.

Practitioner Leads:

Dr. Abi Blakeslee, *Faculty Member, Somatic Experiencing® Trauma Institute*

Dr. Blakeslee received her PhD in Clinical and Somatic Psychology and teaches throughout the United States and internationally. Her students learn to apply a somatic approach to the treatment of PTSD, sexual abuse, motor vehicle accidents, terrorist-related attacks, combat trauma, somatization disorders, anxiety, panic attacks, attachment disorders, and more. She also has a private psychotherapy practice in Bozeman, Montana.

Erin Clements, *Child Protection Specialist Supervisor, Child & Family Services (CFSD), Gallatin County, Montana*

Clements oversees and supports local staff at CFSD and works directly with families to ensure children's safety. CFSD is a critical division within the Montana Department of Public Health and Human Services. Its mission is to "protect children who have been or are at substantial risk of abuse, neglect, or abandonment."

Richard McLane, *Deputy Chief, Bozeman Police Department (Retired)*

Until his retirement in 2018, McLane worked to oversee the Bozeman Police Department's 65 sworn officers. The department's mission is to "work in partnership with the citizens of Bozeman to improve the quality of life by identifying and resolving public safety concerns." Richard has a distinguished history with the department, where he served in patrol, support services, and detective division assignments over the course of his 26-year career.

Katharine Osterloth, *Program Coordinator, Forensic Nursing Program, Bozeman Health Deaconess Hospital*

In addition to her position as program coordinator of the Forensic Nursing Program, Osterloth is a sexual assault nurse examiner (SANE) at Bozeman Health Deaconess Hospital. Her department provides medical forensic care to patients who have experienced rape, sexual assault, and other abuses. Katharine's commitment to offering consistent services to survivors of sexual assault was integral to the establishment of the Forensic Nursing Program at Bozeman Health Deaconess Hospital. The mission of the program is to deliver timely, competent, and compassionate care to victims.

Christina Powell, *Executive Director, Bozeman Help Center*

The Help Center's programs include around-the-clock suicide and crisis intervention, Heart and Homes (a supervised visitation and family resource program), Help Center-

211 (a hotline that refers callers to state and local health and human service programs), the Child Advocacy Center (an organization that aids in the investigation and prosecution of child abuse), and the Sexual Assault Counseling Center (SACC). Christina created the SACC in 1996 using trauma-based therapeutic and advocacy practices. SACC is Montana's only designated sexual assault center and remains the leader in providing trauma-based services for victims of sexual assault.

Anna Saverud, *Assistant Attorney General, State of Montana*

Saverud began her legal career with the Montana Legal Services Association in the Domestic Violence Family Law Unit before transferring to the City of Bozeman in 2012. For several years, she served as the domestic violence prosecutor for the city, specializing in evidence-based prosecution that seeks to limit the impacts of the criminal justice system on victims, improve victim safety, and increase offender accountability. In 2018, Anna was appointed as an assistant attorney general in the Prosecution Services Bureau for the State of Montana.

Alanna Sherstad, *Program Director, Montana State University VOICE Center*

Sherstad began her work in survivor advocacy at the Sexual Assault Victim Advocate Center in Fort Collins, Colorado, where she served as the executive director for 10 years prior to moving to Montana in 2009. She is currently the director of the VOICE Center at Montana State University, which provides free and confidential services for people impacted by sexual assault, relationship violence, and stalking. The center's mission is to "provide a safe, highly confidential place on the Montana State University campus for survivors of sexual and domestic violence, offering support, advocacy, and resources."

Kelsen Young, *Executive Director, Montana Coalition Against Domestic and Sexual Violence (MCADSV)*

Young has been with MCADSV since 2004. MCADSV is a membership organization that works with individuals and organizations to end domestic and sexual violence through social change, advocacy, education, public policy, and program development. Kelsen has been working in the movement against domestic and sexual violence for more than 20 years.

Description of the problem

Urgent attention is needed to address the effects of secondary trauma (ST) on victim service providers, especially those working in rural and remote areas. ST is defined here as a form of trauma that results from repeated, empathetic engagement with populations who have experienced primary trauma. ST can affect a wide variety of professionals, including but not limited to: child protective service workers, advocates against sexual and domestic violence, law enforcement officers, mental and physical healthcare providers, lawyers and judges, and religious clergy.

The purpose and need for this project was established in an earlier phase of related research, when Drs. Knight and Ellis conducted a statewide community needs assessment in rural nontribal and tribal Montana. They completed in-depth, semi-

structured, qualitative interviews and focus groups, as well as ethnographic participant observation, with victim service providers. The intent was to develop a long-term agenda to inform policy and improve research-informed victim service provision in Montana.

Studying ST was not an original goal of the research, but interviewees repeatedly emphasized stories of intense work stress, limited resources, and feelings of extreme isolation. This theme appeared to cut across participants from community-based nonprofits and government organizations, male- and female-dominated professions, tribal and nontribal communities, and volunteer and professional staff. As a result, Knight and Ellis focused their research on ST and its health consequences. The long-term goal is to improve assistance and service delivery to victims of crime by strengthening the individual providers and organizations who work with them.

As this research on ST developed, the primary importance of the neurophysiology of primary trauma emerged. Knight and Ellis hypothesized that advances in the understanding of the neurophysiology of trauma may help to reduce the impact of secondary trauma. The project's practitioner partners agreed that an in-depth understanding of the neurophysiology of secondary trauma (NST) would be helpful to them and to the victim service field. As such, the research team applied for the R2P fellowship to obtain the support needed to seed the development, implementation, and evaluation of a two-day training course on topics related to NST that could be administered to victim service providers affiliated with the team's partner organizations. The R2P fellowship project has helped the team move in that direction.

Addressing the problem

Knight and Ellis's relationship with their practitioner partners developed at an earlier phase of their research, as they began to focus on the issue of ST. The practitioner partners for the R2P fellowship are leaders representing a variety of victim service organizations in southwestern Montana (see bios beginning on page 4), who Knight and Ellis invited at an early stage to serve as members of their community advisory board (CAB). Over the past three years, Knight and Ellis have held monthly meetings with the CAB to develop an intervention response to ST. In spring 2018, the entire team authored a small book (or "toolkit") consisting of nine vetted "tools" that victim service providers and their organizations can use to understand, recognize, and address the symptoms of ST. In June 2018, the team used a train-the-trainer model to host a conference and retreat in Bozeman where local victim service leaders received training on the nine tools.

Additionally, as Knight and Ellis realized the importance of NST, they began attending the Somatic Experiencing (SE) Professional Training course in Bozeman, which brought them into contact with Dr. Blakeslee, instructor of the course. They discussed with her the potential of using the principles of SE in the treatment of secondary trauma, and Blakeslee enthusiastically joined them as a partner in this research.

During the fellowship year, Knight and Ellis continued to convene monthly CAB meetings at Montana State University with their practitioner partners. As the research

leads, Knight and Ellis were responsible for hosting these meetings, as well as for oversight of the R2P fellowship project and for all research-related activities. Using partner-informed feedback, Blakeslee was responsible for developing (and will be responsible for teaching) the NST course. In their role as practitioner partners, CAB members reviewed and provided feedback on project materials, served as gatekeepers to victim service providers working within their respective organizations, and helped with survey development and logistics. In future months, they will also facilitate their organizations' participation in the NST course.

Data Sources

Because this is a planning grant, no data sources were used. However, CAB meetings were convened to: (a) develop an approved research agenda, (b) review scales and constructs for inclusion in survey instruments, and (c) create a pilot sample for the survey. When CAB members voiced concerns, Knight and Ellis adjusted the research strategy as appropriate. For example, when the research team proposed using the original Adverse Childhood Experiences (ACEs) Questionnaire in the initial survey, CAB members raised important concerns about its validity. As a result, the research team found an alternative scale. Ultimately, this improved the survey design and its applicability to the local community.

Results

With the funding provided through this planning grant, the research leads and practitioner partners have accomplished the following:

- Conducted a literature review related to NST and drafted a targeted bibliography that will be updated periodically
- Hosted monthly two-hour partner meetings at Montana State University to implement R2P fellowship project (light meals provided)
- Produced a practice-informed research agenda
- Designed a training manual for a two-day NST course for victim service providers
- Submitted a grant proposal, which is being funded, to implement the R2P project goals
- Developed a baseline survey using Qualtrics on the prevalence of ST and its correlates
- Submitted and received IRB approval from Montana State University for the survey and the training
- Conducted conference calls with several American Indian and First Nations victim service providers already using NST tools to help us determine the applicability of designing a similar but culturally responsive research agenda with tribal partners
- Hosted two-hour in-person meeting with tribal partners to discuss the feasibility of a similar fellowship-like project
- Are currently piloting the baseline survey with n=21 victim service providers

Implications for policy and practice

Knight and Ellis expect their multi-year research on secondary trauma, of which the NST intervention response is a final piece, to be practical, sustainable, and culturally adaptive. It will be relatively easy to replicate in other communities across the nation. Data from the project will also guide future research and clinical practice.

Sustaining the partnership

The collaboration and cross-learning opportunities afforded through this planning grant have been indispensable. It has allowed Knight and Ellis to continue combining the quantitative and qualitative research collected through surveys and interviews with the invaluable real-world experience of the project's practitioner partners, who each day work with the most vulnerable and traumatized populations in their communities and have suffered the effects of secondary trauma firsthand. Additionally, Blakeslee's knowledge of NST has added a rich new dimension to the team's ongoing research into the development of an intervention response for secondary trauma.

Dissemination and sustainability plans for this project are as follows:

1. Project updates and preliminary findings from survey data collection will be presented to the CAB at meetings.
2. A community engagement presentation will be made. During this presentation, the community will be updated on the progress of the project. Team members will solicit feedback, answer questions, and discuss sustainability objectives.
3. Knight and Ellis will prepare manuscripts to disseminate findings. Manuscripts will be vetted and modified with the CAB.
4. Knight and Ellis will use these findings to prepare a fundable intervention of secondary trauma. At CAB meetings, the team will also discuss interest in and feasibility of implementing the survey and intervention training with our tribal partners and in other areas of the state. If those communities are interested, the team will begin the process of seeking funding.