Adverse Childhood Experiences (ACEs)

Overview about ACEs https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/


Child versions can be found here. https://www.acesaware.org/learn-about-screening/screening-tools/

Articles about trauma/PTSD https://www.childtrauma.org/trauma-ptsd

Video series about stress & trauma https://www.neurosequential.com/global-support

Brian Development & Function


Short five video series with Dr Bruce Perry. https://youtube.com/playlist?list=PLqSvevV12r9OdqNLbbDlOCQP2LSKwRyD

Articles & more Perry video series (short, thorough) https://www.childtrauma.org/brain-dev-neuroscience


Trauma and Recovery, Judith Herman

Workplace Exposure to Trauma


Vicarious trauma vs compassion fatigue vs burnout https://www.tendacademy.ca/what-is-compassion-fatigue/

Articles about managing exposure stress, burnout, compassion fatigue: https://www.tendacademy.ca/articles/

Self assessment around trauma exposure for professionals working with survivors: https://proqol.org/proqol-health-measure

Follow Mariposa Legal on YouTube for their great trauma exposure check-in videos https://www.youtube.com/@mariposalegal6146

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Trauma Centered Lawyering


SAMSHA’s 2014 guide Concept of Trauma and Guidance or a Trauma-Informed Approach: [https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf).

Guided activity workbooks to use or to inspire your own: [http://www.childrenspsychologicalhealthcenter.org/resources/guided-activity-workbooks/](http://www.childrenspsychologicalhealthcenter.org/resources/guided-activity-workbooks/)

Trauma informed lawyering with immigrant youth: [https://www.mdpi.com/2227-9067/6/8/94](https://www.mdpi.com/2227-9067/6/8/94)

Article guiding clinicians in work with immigrant youth: [https://www.mdpi.com/2075-471X/12/1/7](https://www.mdpi.com/2075-471X/12/1/7)


Touch points where a trauma informed mindset can be added in work with clients:

- Focus on client sense of agency at all times (offering choices on small and big things)
- Thoughtfulness/engage about how close to sit/stand, if client is reassured or triggered by touch
- Companion activities while interviewing clients (drawing, guided activity books, anything that engages them in parallel process while you work through attorney tasks)
- Psycho-education embedded in evaluation reports & letters to judge (trauma response, common defense mechanisms that interfere with linear narratives, etc.)
- Request reasonable accommodations/safeguards for trauma survivors (samples next page)
Clinician Recommended Accommodations for Interviews & Legal Proceedings (examples)

Example A:

1. All government interviews should be conducted face-to-face and with a companion who the child knows and trusts in the room. When these accommodations are not possible, the other accommodations listed below should be enhanced.

2. The child should be allowed a longer timeframe for interviews and hearings, ensuring that the interviewer is unhurried and can support the other listed recommendations. Spreading relationally-supported appointments over two or three dates can enhance the child’s ability to remember.

3. When the child gives an answer that conflicts with another response, the interviewer should refrain from punitive commentary. As stated above, discrepancies are due to cognitive impacts of traumas and sleep deprivation. Discrepancies will worsen when trauma and PTSD are reactivated and, therefore, should be explored in a non-adversarial manner.

4. If the child is talking too softly, he is receptive to kind reminders to speak louder. Admonishment will only increase anxiety, decreasing his ability to control his speech.

Example B:

1. Due to (a) the child’s right to privacy; (b) potential trauma to her family members; and (c) the anticipated psychological overwhelming to the child, herself, if forced to discuss her traumas in front of her family, all government, medical, and therapeutic interviews, meetings, and hearings should take place [with or without, as per clinical recommendations re the unique case] the child’s family in the room.

2. All government interviews should be conducted with a companion who the child knows and trusts (her attorney) in the room. Due to the profound trauma she has suffered, it would be best if trauma-related legal questions are asked by someone already known by the child, such as her own attorney. In an ideal situation, given her fragile state during a trauma-informed psychological evaluation, the child would be spared the trauma of testifying and cross-examination. When these accommodations are not possible (due to facility or pandemic restrictions), the other accommodations listed below should be enhanced.

3. Because of the impacts of her DSM diagnoses, the child should be allowed a longer timeframe for interviews and hearings, ensuring that the interviewer is unhurried and can support the other listed recommendations.

4. The child should be allowed to rest her head and even lay down for breaks during intense interviews.

5. When the child gives an answer that conflicts with another response, the interviewer should refrain from punitive commentary. Because the child has been cruelly overpowered over the course of many years and with the collusion of government officials, admonishment by power-holders, decision-makers, and other officials will result in re-traumatization, the child shutting down, and/or her memory becoming less accessible.