

HEALING TRIUMPHS OVER DOMESTIC VIOLENCE

HOW MASSAGE THERAPISTS AND BODYWORKERS CAN CHANGE THE WORLD

By Stephanie Mines, Ph.D.

"What a tremendous service massage therapists and bodyworkers provide to the world by giving people the opportunity to have a positive experience with their bodies. For survivors of domestic violence, this experience can be an important step toward healing from abuse. Safe touch and a consistent, confidential, supportive environment are critical components for positive social change. It takes a community to create a peaceful world, and bodywork is a necessary aspect of this vision."

n Lisa Olcese, Director of Educational Services
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SECRETS

Massage and bodywork evoke secrets. Whether these secrets are articulated or not, the attuned and present therapist will see them emerging by changes in skin tone, muscle tension, voice intonation, gestures and quality of contact. These reveal deep internal change. None of these indicators can be ignored in a healing relationship.

Domestic violence and abuse of all kinds thrives on secrets. Once the secrets are out in the open, healing begins. According to the FBI, violence is a regular occurrence for 1 in 4 couples. Six million American women are beaten each year by their partners. Fifty percent of all couples experience at least one violent incident. By the time you finish reading this article, 100 women will have been beaten in America. With statistics like these, it is inevitable that somatic therapists of all kinds will have a minimum of one and most likely many more survivors of domestic violence in their offices during their practice.

Abuse knows no boundaries: racial, ethnic, religious or socioeconomic. It occurs among the very rich and the very poor. It afflicts the elderly and the disabled and people of all sexual orientations. It happens everywhere, in all parts of the world - to the highly educated, the talented and gifted, and to the poor and illiterate. Pregnant women are hardly exempt, so those who specialize in prenatal massage and other treatment for pregnancy listen up! The President of the American Medical Association estimates that more than one-third of pregnant women are abused. Twenty-five percent of all women battered in America are abused while pregnant. According to the March of Dimes, battering during pregnancy is the leading cause of birth defects and infant mortality - more than the birth defects caused by all of the diseases for which people are routinely inoculated, combined.

Breathe. Breathe deeply. This is challenging, but necessary, to face. Americans have turned away from this issue with the same speed they employ to get to their nearest violent movie. The violence that has become entertainment allows us to discharge adrenaline while remaining in denial. The movie moguls become billionaires and we are the sheep leading each other to the slaughter. It takes conscious commitment and awareness to change this. The first step is education. Given the magnitude of the issue and its impact on the entire population, anyone who is a healthcare provider, a caregiver, or a therapist of any kind has an ethical responsibility to educate himself or herself about abuse and its treatment. It is also the responsibility of institutions that train therapists of all kinds to provide such education in their curriculum.

TWO WOMEN

Home and terror should not go hand in hand, but for Sarah they did. With her graying hair and careful dress, she appeared quite dignified. She always had a kind word for everyone, especially people who were struggling. She did everything with precision and care. She was quiet, and much more interested in everyone else than in talking about herself. When people asked her how her summer went, or her vacation, or her life, she always replied, "Uneventful." If you visited her home you would find it neat and clean. The link with terror was not visible to others. It was something that had to do with darkness, with nighttime, and with secrets.

Her mask was soft, not the hard defensiveness we associate with pretense. But, after a car accident, her doctor recommended massage, and that's when the mask started to fall away.

One of the first questions the massage therapist asked as she explored the nature of Sarah's injuries was, "How did the car accident happen?" Sarah sat across from Lydia, the young woman the doctor had recommended she go to for massage. Her office was small, but there were flowers in a vase on the desk and a small fountain in the corner of the room. The sheets on the massage table were cream colored, like the walls. With the soft quiet came a feeling of warm privacy.

Sarah's eyes took in the environment. Lydia was gazing at her, waiting for an answer. Sarah was searching for a way to avoid telling the truth. Yes, there had been a car accident, but it was caused by her husband's rage and he was trying to push her out the door of the car. He had exploded as he only did with her; furious about an innocent choice she had made to call their daughter independent

of his knowledge. She couldn't say that. She said something about not remembering the accident in detail. It was too upsetting and she was only a passenger. She wasn't really paying attention. Lydia accepted that.

It wasn't the massage so much that made Sarah cry on the table. It was the quality of attentiveness and sensitivity in Lydia's touch. It was Lydia's inquiry into what Sarah was experiencing. It was the silence, and the fact that the entire hour was devoted to her. By the third massage, Lydia was getting curious. Sarah was not releasing the tension in her neck and shoulders. In fact, the tension was getting worse and there were bruises on her arm that hadn't been there before. Lydia had an odd but familiar feeling every time she massaged Sarah. It was a gnawing concern in the pit of her stomach, a sense that there was something she should say but she didn't know what it was.

After the fifth massage Lydia reminded Sarah that the doctor had prescribed six massages. Sarah gasped. "You can ask for more," Lydia said. "I would recommend at least six more, maybe twelve. Your progress is slow. It may be because there was more whiplash than was originally diagnosed, and it also may have something to do with your age," she added, with a smile. Sarah nodded. "I would like to continue, though my husband says it is a waste of time. I actually find this very helpful." Her eyes darted quickly, landing for a microsecond in contact with Lydia's open countenance.

The doctor readily increased the prescription for an additional 12 massages. He could see that Sarah was not getting better very fast. He attributed this to her age and was sympathetic. It was during the seventh massage in this series that Sarah confessed that she had been sexually abused as a child. Lydia listened with great empathy, and the two women deepened their relationship and trust. Lydia recognized this as an important transition. She was not a newcomer to hearing stories of abuse, but still something bothered her. She sensed that Sarah needed these sessions for more than just recovery from whiplash or even childhood sexual abuse.

Lydia had learned to trust her feelings. Even though she was only 34 years old, she had seen, time and again, how good her intuition was. She, like most caregivers, came from a troubled family. It seemed to her that those who had been hurt when they were young grew up to want to be helpful to others. Interesting. It was as if helping others made it possible to believe that people could treat each other well. Or maybe she was trying to help her parents in the ways they would not allow. Her parents had been loud, raucous, and ultimately forgivable alcoholics who drank themselves to death. Lydia's acute sensitivity and highly developed intuitive skills came from living with them. She had to be tuned in to danger (crashing furniture, flying plates) in order to survive.

During Sarah's tenth massage Lydia had the courage to ask her where the new bruises on her arm came from. Sarah replied that her husband had grabbed her a little too forcefully. At the eleventh massage Lydia took a big step. She told Sarah that she had noticed new bruises on her body frequently. Sarah, who was lying face up on the table at the time, looking at Lydia, closed her eyes. Lydia said nothing more. She waited. Then the whole story came out. It was a story of love and commitment that had become torture and suffering. It pained Lydia to hear about it. It reminded her of the shame she had felt as a child and as a teenager, and it reminded her of how lonely it was to keep the secret of the violence in her home.

"You are the first person to hear this," Sarah said. "If it weren't for these massages I would never have felt the tension I hold in my body. I did not know that I was paying this high a price. I would never have had hour after hour of such pure attention. I would never have said what I have said to you. You must promise to never tell anyone."

Lydia's eyes grew wide at the challenge of this responsibility. "I won't tell," she answered. "But you can." Lydia had actually done an internship at the local shelter for women and knew some of the people who worked there. She gave Sarah their names and phone numbers and told her about their services. Lydia had the knowledge to personalize and make human the experience of reporting domestic violence. As she described what the shelter did, she could feel the older woman cringing inside, and she could also feel her becoming hopeful. Those two contradictory feelings struggled inside Sarah, and Lydia knew they would take time to sort out.

At the twelfth massage, Sarah asked again to hear about the shelter. She wanted to know more. Lydia had fond memories of working there. There was a spirit of camaraderie that she missed now. The women at the shelter took in her treatment as the gift that it was, as a way to relax and return to themselves. This was the classic purpose of massage, and service was really why Lydia had chosen to be a massage therapist rather than entering another profession.

Sarah listened closely. Ripples of fear moved through her body and were followed by ripples of possibility. Images formed in her mind that had never occurred to her before. A door opened that she did not know existed. This was the last massage and the two women had some difficulty separating. They genuinely liked each other, but their time together had come to an end. Sarah might choose to return on her own, at a later time for more massage, but for now treatment was over. Her neck was sufficiently more labile to terminate the therapeutic relationship. Was the increased fluidity she now felt as she turned her head the result of the massages or the trust engendered by Lydia?

"Everyone has the right to live free of bodily harm," Lydia said, as they were parting. "It's our birthright." Sarah looked into her eyes for a long time. "Yes," she said, and then. "Yes" again as the message sank in more deeply. They stood opposite each other, holding hands, and then Sarah turned and walked out the door.

SHOCK: THE HIDDEN EPIDEMIC

Shock begins in the moment when we are confronted with an experience so stunning we are forced to disconnect from our bodies. A baby separated from her mother at birth; a child in need of attention who is ignored by busy parents; witnessing the death of a friend or loved one; losing everything in a natural disaster - these experiences are the settings for shock. In a micro-instant we are frozen in time. Our nervous systems, lacking the resources to cope physically, emotionally or mentally, fail us. We freeze or act in panic. The degree of our vulnerability seals the experience in the cells of our bodies. The pain burrows inward and remains unnoticed until, like anything repressed for too long, it emerges elsewhere - in the form of mental, emotional, or physical disease.

Some of the common physical symptoms that indicate that unresolved shock is present include chronic fatigue, insomnia, chronic joint and muscle pain, and persistent weakened immune response. It is possible that a broad spectrum of autoimmune diseases can be related to shock. Structural rigidity and hypotonicity of all kinds also point to shock as a potential causative factor. Whenever there is a resistance to healing or a difficulty in receiving benefit, it is worthwhile to investigate the possibility of shock as the missing key.

Shock robs us of our neurological capacity to act, or it forces us to act neurotically or destructively. It creates obsessive patterns and addictive tendencies that steal our energy. Dysfunctional sexual patterns and relationship failures, criminal and violent behavior often have as their source unresolved shock. Treatments that try to heal these conditions without addressing the underlying shock cannot succeed fully.

The responses to shock and trauma fall generally into two categories: hyper-arousal and fixation. Hyper-arousal is a sign of sympathetic nervous system dominance, whereas fixation is a sign of parasympathetic nervous system dominance. In order to resolve shock and trauma, these dominant responses need to be reversed, in order to create the possibility for a healthy response to threat.

Shock is seen in the immediate and apparent, often chaotic, reactions to threat. It is assessed in very specific characteristics, most of which are activated globally and simultaneously. Trauma is much more organized and much more easily understood. The traumas of our lives are the themes we address in psychotherapy. The shocks we have experienced remain after therapy has been concluded, and frequently reveal themselves in somatic discomforts for which it is difficult to find a solution.

Some metaphors serve best to differentiate shock from trauma. Trauma can be compared to breaking one glass in your set of heirloom china. Shock is breaking every piece in the set. If one light bulb in your house burned out, making it difficult to see in one room, that can be equated with trauma. If all the lights in your entire house went out, that gives you the meaning of shock. When trauma occurs, resources may be difficult to access, but they eventually emerge. When shock occurs, resources disappear for a long time, sometimes forever if there is no search for them. The combined impact of sexual abuse as a child and domestic violence later in life equals shock. Knowing the difference between shock and trauma and their different healing requirements allows a therapist of any kind to be exponentially more effective.

In the story of the two women presented here, Lydia had some intuitive and natural understanding of how to treat shock. Her wisdom most likely came from the fact that she was a survivor who had explored her own personal and collective history. She knew, inherently, that she had to empower Sarah, and that she could not force her insights onto her. She knew that Sarah had to act in her own interest.

Lydia knew that each stroke of her massage was affecting Sarah and that she had to be entirely present for all of Sarah's responses. She suspected, because of her own history, that Sarah was being abused. She contained that awareness until Sarah revealed more of it herself. Lydia's innate sensitivity coupled with her history as a survivor was put to good use in this situation. With more training and education, Lydia will become a masterful healer capable of unraveling complex layers of shock from the body.

Clearing shock from the body is like clearing out the cobwebs from our nervous systems, our tissues, our muscles, our bones and our joints. As we do this clearing away we begin to know what it means to truly live, as we have never known before. We feel the joy of our movement and we enter into joyous relationships. We no longer hesitate to express ourselves. Life becomes a celebration as we step thoroughly into the present.

In the healing arts there are a multitude of systems that can address shock, but perhaps the most potent are the most subtle. Because shock takes its toll so dramatically on the nervous system and adrenal function, the interventions that regenerate the most profoundly are those in the realm of subtle energy medicine. Careful touch, even minimal touch with maximum respect, invites transformation at the cellular level. It evokes the resources that were not available to us earlier; the resources of loving attention that are crucial to human development.

The interventions that are simultaneously calming and organizing for the nervous system coupled with simple, educated dialogues are the best interventions for survivors of shock and almost all survivors of domestic violence are survivors of shock. Furthermore, sexual abuse and domestic violence are inextricably intertwined. Rape is a regular form of abuse in about 50% of violent relationships. Studies estimate that 25 to 33% of men who batter their wives also sexually abuse their children. Up to one-third of battered women were sexually abused as children, generally by a male relative.

What this clearly points to is an epidemic of shock amongst survivors of domestic violence. What must be added in the equation is that domestic violence is rampant and effects everyone in our culture. Therefore the epidemic is societal. Battering is the most

common cause of injury to women - more frequent than car accidents and muggings. 28% of high school students have experienced violence in a dating relationship. Abuse by a husband or partner is the leading cause of injury to American women between the ages of fifteen and forty-four. More than 3 million children directly witness acts of domestic abuse each year. Children whose mothers are abused are six times more likely to commit suicide. Had enough? Are you breathing? The time has come to talk about how we can make a difference.

IF WE'RE SO SMART, WHY AREN'T WE SAFE?: EDUCATION AND RESPONSIBILITY

Stopping the cycle of violence in one person's life is extremely significant. But how do we do that if we are not educated about that cycle and how it creates a physiological pattern that keeps the cycle alive? Despite what we may know about anatomy or various bodywork techniques, we cannot stop the cycle of violence without other kinds of education. The responsibility that comes with working with human beings and their bodies includes the responsibility to understand their suffering.

So, let the education begin. It is long over-due. The American Massage Therapy Association's Communications Associate, Joseph Schlesinger, in response to a query about how the organization relates to the issue of domestic violence, said "The AMTA has no information on this topic, interesting as it is." Kathleen Hauge of the American Association of Bodywork and Massage Professionals said, "Although I would imagine there should be courses on domestic violence for therapists, none of us here at ABMP have heard of any, especially at schools. We have visited almost three hundred schools."

Some schools, such as the East West College of Healing Arts in Portland, Oregon, and the Boulder School of Massage Therapy in Colorado have either a special course on trauma that includes domestic violence, or the issue is covered very generally in the context of working with ethics and boundaries. These two schools have these courses because of an alliance with a local safehouse, outreach center or women's shelter, that has contacted them to develop a working relationship for their clients.

DOMESTIC VIOLENCE 101: THE INTRODUCTION TO THE COURSE THAT SHOULD BECOME PART OF EVERY MASSAGE THERAPIST'S EDUCATION

What is domestic violence? There are many definitions and legalities vary from state to state, but it all really boils down to this. Domestic violence includes all forms of violence between intimate partners used to exert power and control. A person who abuses someone else uses the abuse to feel power and control. This includes verbal abuse. The perpetrator manipulates others with abuse and threats. The cycle of violence has three primary phases in which:

Tension mounts;
Battering occurs;
Remorse and re-engagement hooks the victim back into the cycle.

It is not the job of the massage therapist or bodyworker to get the victim out of the relationship but the therapist can help in breaking the cycle. The therapist's interactions with the client can open doorways of new understanding and resource, just as Lydia's way of being with Sarah allowed her to see the possibility of changing a lifetime of abuse.

The massage therapist or bodyworker is in a unique position in regard to the issue of abuse because, as Mercedes Lindenoak, an artist, safehouse board member and survivor comments, "Shock and trauma are locked in the body. The entire story of abuse is in the body. Touch will activate it." What is the best way for a somatic therapist to honor this history? "If you find resistance, don't push. Don't go deep if there is no support," says Mercedes out of her long experience with the healing arts.

"Hold the container. Provide the resources. Listen. Acknowledge. Don't ignore. The story the survivor tells is sacred. Honor it. Keep your boundaries clear. Have the phone numbers of the safehouse hotlines in your area. Use those numbers to get information and guidance, and give those numbers to the survivors you meet." This is the guidance of Lisa Olcese, Director of Education at Boulder County Safehouse.

Only medical doctors have an ethical responsibility to report domestic violence, but if a therapist can point the survivor in the direction of reporting, the survivor can make her own report and thereby empower herself. When a survivor reveals that children are being abused, the dynamics of responsibility shift. I talked to Education Director Lisa Olcese at Boulder County Safehouse about this and this is what she said.

"Therapists can encourage survivors to report the abuse of their children themselves. They can portray Social Services as a resource. Wherever domestic violence occurs there is a real danger to the lives of the women and children involved. Because of this, the decision to report has to be undertaken with great care. We must support mothers in making smart decisions for their children. One of the best places to start is with the local safehouse hotline. Use that hotline for information, guidance and support."

At Boulder County Safehouse massage therapists, bodyworkers and healers of all kinds are offered the opportunity to serve in conjunction with receiving extensive training and feedback. Therapists can treat staff as well as clients after a careful screening process. Feedback is an important part of the education the caregiver can expect in this well managed program. Boulder County

Safehouse has found that women therapists provide the best resource for women survivors, so these volunteer and internship opportunities are for women only.

What kinds of interventions have been successful with survivors of domestic violence? Unfortunately, it is very difficult to find the answer to this question since no schools of the healing arts that I could locate have compiled data about the impact of their modalities on survivors of abuse. This kind of record keeping, and outreach, would be an important contribution in ending the lineage of violence. If you are reading this article and know of such data, please send it my way.

The National Violence Against Women Prevention Research Center published a report on reducing post-traumatic stress responses in women who experienced violence and they cited the most effective interventions as those that reduce stress and anxiety and encourage relaxation, such as guided imagery and meditation. Certainly this can include the non-invasive bodywork therapies, such as subtle energy medicine. A program called "Safe Touch" was used at the Brewster Center for survivors of domestic violence in Tucson, Arizona. The program was supported by a grant from the AMTA in 1993. The response from clients was positive, with the women reporting increased body awareness and a greater ability to trust themselves. Despite this, the program was not continued.

Perhaps the school that has done the most to integrate an awareness of shock and trauma with massage and bodywork training is the Colorado School of the Healing Arts in Lakewood, Colorado where the TraumaTouch program has been instituted as an ongoing part of the curriculum. Rita Smith, one of the innovators of this exceptional design, has been a leader in an effort that needs to be duplicated in every massage school in the country.

Mercedes Lindenoak has hard-won wisdom to offer healers: " Being believed and respected is transformational. That in itself is a potent intervention. If this can be incorporated into the intention and consciousness of the therapist, whatever intervention is employed will be appropriate. I have found the modalities that are primarily organized around treating the nervous system to be the most helpful for me as a survivor. These include CranioSacral therapy, Jin Shin, Aston Patterning, Feldenkrais, Alexander technique, and acupuncture. These therapies retrain the mind-body and allow me to have the experience of my body as a pleasant and happy place to be."

Lisa Olcese added that clients at Boulder County Safehouse had reported very positive responses to Network Chiropractic, Polarity Therapy and Chi Kung. Therapies that allow the client to feel spacious, honored, seen for herself (not objectified or judged), and in the center of her own life work the best. These tend to be the most non-invasive interventions.

Nailah Beraki is a licensed massage therapist and survivor in New York. Her lifetime commitment to self-healing, she says, allows her to open to enormous compassion in her heart-centered approach. She says that "being with someone with 100% of your awareness" is the most critical intervention she knows. She believes that you cannot address domestic violence without treating the body. "We have to re-educate the nervous system in order to truly and completely heal," Nailah comments. "Talking does not address the body. By re-educating the nervous system we learn how to feel safe in our own skin. Even a small influence has a big impact on a survivor of domestic violence. Less is more in healing from shock and trauma." Nailah feels that she is protected from reactivation when she works with survivors because of her own focus on self-awareness. "When you don't work on yourself, your blockages keep you from getting healed in the process of healing."

Laurie Ann Pearlman and Karen W. Saakvitne, authors of *Trauma and the Therapist* remark that "Lack of information and training increases the likelihood that therapists will impose their needs and conflicts on their clients." When therapists in any field are allowed to offer their services without an education about domestic violence, shock and trauma, they are not only more likely to retraumatize their clients, they are also vulnerable to vicarious trauma.

THE BALANCING ACT: HOW THERAPISTS CAN PROTECT THEMSELVES FROM VICARIOUS TRAUMA

Vicarious traumatization is a term used to describe the impact of addressing trauma on the therapist. This impact is a direct reflection of the therapist's vulnerabilities and blind spots, or failures to be wisely self-protective. Massage therapists, bodyworkers and healers of all kinds are receptive to vicarious trauma, particularly when they are uneducated or unconscious about trauma itself. Vicarious traumatization is a natural outcome of being in the presence of trauma, especially repeatedly. It is an occupational hazard.

Here are the four keys to avoiding vicarious traumatization:

1. Don't work in isolation. Have professional consultation or supervision. Supervision and consultation should be built into the lives of massage therapists and bodyworkers. Their practices deserve the same honor and respect as those of psychologists or psychotherapists. Since, as the statistics in this article demonstrate, anyone who works with people is going to work with trauma, consultation and a support network is essential for ALL therapists and healers.

2. Know your resources. Know how to restore your own equilibrium. What allows you to feel whole in yourself? Make a list. For me it would be dance, writing poetry, being with my family, and being in nature, spiritual practice, receiving bodywork. Your list might include gardening, playing tennis, hiking or listening to music. Whatever allows you to feel open and unburdened - that is a resource. People who you trust and communicate easily with are resources. Resources put you more in your body than your mind. They make you smile. Now, assure that you do these things regularly and return to them when you are overwhelmed or stressed.

3. Do not overbook yourself. Put spaces in your schedule. An overbooked schedule leads to isolation and preoccupation, both of which make you exceedingly vulnerable to vicarious trauma. Know your human-ness and treasure it.

4. Do not use work to escape from your personal issues. Make sure you have opportunities for self-healing in your own life.

If Lydia had been in communication with a consultant or supervisor who understood vicarious trauma while she was working with Sarah, here is how her good influence could have been even better:

*She could have understood more specifically how being with Sarah was triggering her own memories of domestic violence. This would have given her greater clarity during her sessions with Sarah.

*She would have been less troubled and confused about her unconscious responses to the secrets held in Sarah's body.

*She could have been reminded to take better care of herself, to nurture and honor herself more as she played such an important role in Sarah's life.

THE MANIFESTO

It is time for the Age of Innocence to be replaced by the Age of Awareness in America. This applies directly to the practice of massage, bodywork, subtle energy medicine, healing and all therapeutic interventions. We are living in an era inundated by violence. The first place we can be effective and even powerful in stopping violence is in our relationships with each other, particularly our healing relationships.

I believe we have a responsibility as somatic therapists to:

*Require education about the physiological, neurological, psychological, emotional and spiritual impacts of domestic violence, and shock and trauma of all kinds, on the body.

*Include supervision and consultation or mentorship for all practitioners of somatic therapies as an essential part of their career development and ethical commitment.

*Provide therapists with abundant resources for self-care and encourage them to explore the shock and trauma in their own lives. This should be part of an overall education about vicarious trauma.

*Require all massage therapists and bodyworkers to have specific training in how best to serve survivors of domestic violence.

*Strenuously explore internships and other service based liaisons with outreach centers and shelters for survivors. This would be the responsibility of both massage schools and therapists themselves.

*Encourage healers to write about and document their experience with survivors with an eye to compiling data on the most useful somatic interventions.

This manifesto is presented with a great sense of respect for the capacity of the somatic healing arts to be potent interventions in ending the lineage of violence that afflicts us now more than ever before. Historically massage therapy and its sister arts have been the source of comfort and regeneration from suffering for people in all walks of life. This has not changed. It is only that our awareness of the nature of suffering and the capacity of the healing arts to intervene must be brought current.

There is a great deal of healing to be done, and those of us who have chosen this path are the very ones who can do it.

*"Grandfather,
Look at our brokenness.*

*We know that in all creation
Only the human family
Has strayed from the Sacred Way.*

*We know that we are the ones
Who are divided
And we are the ones
Who must come back together
To walk in the Sacred Way.*

*Grandfather,
Sacred One,
Teach us love, compassion, and honor
That we may heal the earth
And heal each other."*

n Ojibwa Prayer

*Note: Parts of this article are excerpted, with the author's permission, from her forthcoming book, *We Are All in Shock: Healing the Silent Epidemic*.

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ABBREVIATED READING LIST (The "Must Reads")

Lenore Walker, *The Battered Woman*, Harper and Row, 1979.
Ann Jones, *Next Time She'll Be Dead*, Beacon Press, 1994.
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