

A Haven From Trauma's Cruel Grip

[Patricia Leigh Brown](#)

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Clare Senchyna holding a photograph of her son, Camilo, who was shot and killed in a random act of violence. Credit Jim Wilson/The New York Times

San Francisco — The sun was preternaturally bright the day Clare Senchyna’s 26 year-old son Camilo, her only child, was shot and killed in a random act of violence in San Francisco.

On that morning two years ago, Ms. Senchyna drew the orange curtains in her bedroom, pulled up her blankets and stayed in bed for much of the next several months. It seemed to her an appropriate response to the end of the world.

Her son, an emergency medical technician, had been out celebrating the completion of his paramedic classes when he was murdered across the street from Ms. Senchyna’s favorite yoga studio. A single mom and urgent care nurse practitioner, Ms. Senchyna began drinking heavily, plying herself with sleeping pills, and felt suicidal enough to commit herself to a local hospital before quickly determining that “a psych ward is not a place for grief.”

Too many friends stayed away, as if losing a child to murder might be contagious. Eventually, she worked up the courage to call the Trauma Recovery Center, a pathbreaking program of the University of California, San Francisco that provides kaleidoscopic care for victims of violent crime and their families.

For Ms. Senchyna, 62, whose vivid blue-green eyes set off her salt and pepper hair, the center, about ten blocks from the Zuckerberg San Francisco General Hospital, with which it is affiliated, was a portal for re-entering the world.

She has since become an anti-gun advocate. “It demolishes your life,” she said about her son’s murder. “The center was someplace I could come and be safe and sit with the horror and not be judged,” she said.

Starting as a pilot project with a small state grant in 2001, the center’s all-encompassing approach to trauma recovery and prevention – for survivors of gun violence, sexual assault, hate crimes and other violent offenses — has become a national model.

The concept is now being replicated across California; seven new centers up and running or in the works — including three in Los Angeles and others in Stockton, Long Beach and Oakland. Other states are following suit. The Ohio attorney general recently announced a \$2.6 million effort to launch five trauma recovery centers modeled on San Francisco’s, and in Illinois, where Chicago homicides have reached record numbers, a criminal justice reform bill just signed into law includes similar services.

Along with a growing number of hospital-based violence intervention programs, the new centers acknowledge the link between violence and public health, as well as the insidious ripple effects that untreated trauma can have on public safety. The likelihood of becoming a victim of violent crime — and a repeat victim — increases exponentially for low-income people of color under age 30, the very population least likely to seek help.

A trauma recovery center offers one-stop shopping of sorts, in which mental health professionals trained in trauma help vulnerable people surmount the psychic hurdle between “victim” and “survivor.”

In addition to therapy, clinicians help them navigate the stultifying maze that faces a violent crime victim, whether it is filing a police report, testifying against a perpetrator, applying for victim compensation, relocating to a safer neighborhood or simply summoning up the strength to leave the house. (If they have not yet done so, a therapist will visit).

Left untreated, trauma makes victims more susceptible to depression, substance abuse, unhealthy relationships or difficulties holding down a job. It increases the likelihood of becoming violent themselves, erasing the razor-thin line between victim and perpetrator. As Sammy Nunez, the founder of Fathers and Families of San Joaquin, the nonprofit that houses Stockton’s new Trauma Recovery Center, aptly put it: “Hurt people hurt people.”

Each center has its own character. The 2 ½-year-old Long Beach center for instance, draws victims from nearby Watts and Compton and bases a social worker at the police department, from which he or she can respond to trauma as it happens. Stockton’s center is culturally rooted, treating “susto,” a Latin American term for the spirit leaving one’s body in a trauma.

The proliferation is the result of a fortuitous tripling of funds — from \$745 million to \$2.3 billion — since 2015, when Congress raised a funding cap on monies available to states for crime victim services under the federal Victims of Crime Act. In California, a ballot measure also funneled savings from reduced prison populations into prevention programs; it included \$6.8 million for replicating the San Francisco model.

Photo



People at the Stockton Trauma Recovery Center, participating in a healing circle to remember loved ones who have been lost to violence. Credit Jim Wilson/The New York Times

Unlike the typical “fee for service” system, which expects traumatized people to find therapists, make appointments, fill out forms, gather receipts and then apply to the state victim compensation board for reimbursement, the trauma recovery centers put everything under one roof and are estimated to save about one-third of the cost. “Victims just have to worry about recovery,” said Mark Leno, a former California state senator who helped secure funding.

The average survivor comes in having had five previous traumas. According to the federal Department of Justice, more than one-third of America’s victims of violent crimes have been previously victimized – a toxic outgrowth of chaotic or abusive households, violent neighborhoods and other risk factors. “Around here it’s not PTSD,” — post-traumatic stress disorder — said Dr. Alicia Boccellari, director of San Francisco’s Center and a clinical professor in the University of California San Francisco Psychiatry Department. “There’s nothing ‘post’ about it.”

Yet the end goal is what Dr. Boccellari calls “post-traumatic growth.” Studies indicate that the approach works: After 16 weeks of treatment, roughly two-thirds of the centers’ clients show improved mental health, and many no longer meet the clinical criteria for PTSD or depression. More than half who entered with alcohol or substance abuse problems either cut down their consumption or quit entirely, and many were able to return to work. Filings of police reports also increased markedly, breaking a discouraging cycle in which 42 percent of victims of violent crime never report it to law enforcement, according to the Justice Department.

In a survey of such victims last year, the Alliance for Safety and Justice, a nonprofit organization that focuses on public safety and criminal justice reform, found that an “invisible barrier” to cooperating with law enforcement is “the fear of having to retell the story,” said Lenore Anderson, the alliance’s president and a former prosecutor. The support available at trauma recovery centers “makes it more likely for them to participate in the justice process without being re-traumatized,” she said.

Dee, who asked that her last name not be used, wears makeup below her chin to cover up a knife scar. Seven years ago, as she was taking a shortcut through an alley in Oakland to buy a lemon meringue pie, when a man jumped her, cut her with a knife and punched out all her teeth before pushing her to the ground. He savagely raped her, brutalizing her still further with a tree branch.

The police tracked down the perpetrator, who was 21, through her stolen cellphone — “a no-no,” she said, for someone who didn’t want to be caught.

The months that followed were unkind. Dee, a home health aide, started having panic attacks and became addicted to pain killers. After the emotional gantlet of the trial, she began drinking and developed obsessive-compulsive disorder, washing her hands 30 times a day in an effort to feel clean. For two and a half years, she bounced between shelters, safe houses and the streets of San Francisco, leaving her two children safely with her mother in Oakland so that they could continue school. She was suicidal, having “scrambledness of the brain,” she said.

The brutality of the attack also caused serious infections that, in the years since, have required seven separate surgeries. Her precarious state, exacerbated by alcohol, led the surgeon to refer her to the Trauma Recovery Center. Many African-Americans, Dee noted, regard mental health treatment as taboo. “I thought, ‘I ain’t crazy,’” she said. “I don’t need no therapy.”

Previous visits to community clinics had been discouraging. “Some places would just dope you up and make you feel helpless,” Dee said. “It was, ‘Here, take two.’ ”

In contrast, the TRC in San Francisco sent a psychiatrist and a social worker to her home, until Dee trusted them enough to come in to the Center on her own. “I was scared,” she recalled. “I remember all the tissue boxes in the rooms. But this place saved my life,” she said.

Today, Dee talks about her experience for CHATT (Communities Healing and Transforming Trauma), the center’s speaker’s bureau, part of a tightly-knit network that educate the public about the effects of violence. She has appeared before doctors, high schoolers, state legislators and students at the Stanford Law School, whom she enjoined to “Let the survivor know you’re on her side.”

Like Dee, many who have experienced violent crime find a sense of healing by helping others.

“It’s the big hug, the collective nods around the room,” said a mother with light brown ringlets who is part of a counseling group led by Dr. Boccellari for parents who have lost children to homicide.

In barely audible tones, the mother, a retired nurse, spoke about her daughter being fatally stabbed by her ex son-in-law, her three little grandchildren awakened by their mother's screams. When the eldest child, then twelve, was forced to testify against his father, a feisty longtime member of the group was in the courtroom to support her.

"People want to put a timetable on grieving, for you to be 'over it,' " the mother said. But of course grief knows no timetable.

"Your life will never be the same," she added, looking down at her hands. "But you will have some quality of life. Because there is caring here."

Patricia Leigh Brown, a former reporter for The New York Times, writes on culture and community from California.