“What Happened to You?”
Creating a Caring and Inclusive Trauma-Informed Environment

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Objectives

Participants will:
• Enhance their understanding of the various types of violence-related trauma and the impact on victim/survivors.
• Have a stronger working knowledge of the strengths and resources which help victim/survivors mitigate the trauma effects of abuse and assault.
• Develop three useful ways they can create a trauma-informed environment in their clinic/hospital/agency.

What is Domestic Violence?

Domestic violence is an ongoing pattern of behaviors and abusive tactics used by an intimate partner or ex-partner to gain complete power and control over a person’s life.
Domestic Violence as a Primary Healthcare Issue

- One out of every four (26%) American women report that they have been physically abused by a husband or boyfriend at some point in their lives.
- 37% of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend or girlfriend.

What Do We Mean by “Trauma”?

Trauma is the unique individual experience of an event or enduring condition, in which:

- The individual experiences a threat to life or to her mental/emotional or bodily integrity (or to a loved one.)
- The individual's coping capacity and/or ability to integrate her mental/emotional experience is overwhelmed.

Traumatic Stress

Shifts the victim away from emotional safety and predictability, and disrupts the victim's internal system ability to restore it.
Responses to Traumatic Events

- **FIGHT**: Individual acts in an aggressive, angry/hostile way.

- **FLIGHT**: Individual does not follow directions or the "plan."

- **FREEZE**: Individual may be unable to communicate (seen mostly in children.)
A Wide Range of Possible Responses to Stress

- Not all distress results in trauma.
- Not all trauma responses cause psychological problems/difficulties.
- Not all psychological problems that result from trauma are long-term.
Sometimes…

- Trauma is the response.
- Coping capacities are overwhelmed and people adapt for survival.
- It is a common response to fear, horror and cumulative adversity.

_How we respond to victim/survivors matters._

Trauma Informed Issues

Trauma-Informed or...Just Good Healthcare?

Clinical AND Trauma-Informed?

_Understanding the impact of trauma on victim/survivors, other people, and our clinic/hospital/agency._

How We Respond to Trauma

_Let’s look beyond patients’ “victim/survivor behavior”…_

to understand what might be going on.
Increased ACE Score increases risk for:

- Risk for intimate partner violence and sexual assault
- Depression, PTSD, suicide attempts
- Cutting, eating disorders
- Alcoholism and alcohol abuse
- Illicit drug use and addiction
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Unintended pregnancies
- Impaired job functioning
- Criminal justice involvement
- Homelessness

Women with Co-Occurring Disorders and Violence (WCDVS) Study

- Millions of women in the US with substance abuse and mental health disorders
- 55-99% women with substance abuse problems report being physically and/or sexually abused.
- Rates of PTSD among women receiving treatment for substance abuse range from 20% for outpatients to 95% for inpatients.
- Increased rates of hospitalizations, psychotic symptoms, incarceration, homelessness, noncompliance with medication regimens, and use of services.
- Less than half of these women will receive treatment and services addressing their trauma history and co-occurring disorders.
Domestic violence can have significant mental health and substance abuse consequences.

Abuse and violence play a major role in the development of health, mental health and substance abuse conditions.

“The symptoms that are the creative and necessary adaptations to the effects of trauma are often not recognized as associated with the prior trauma by survivors or clinicians.”

(Harris & Fallot, 2001)

Coming for Healthcare and Services

What do Women and Children Bring?
Experiences

Consider your experiences with victim/survivors and their children.

What have you noticed about ways trauma impacts victim/survivors, their interactions with others, and how they experience the world?

What have they survived?

How Does Understanding the Impact of Trauma Help us Become Trauma Informed?

Trauma Affects Victim/Survivors’ Experience of Programs

- Authority, rules, and controlling practices can be traumatizing.
- Lack of cultural awareness and accessibility can be traumatizing.
- Neutral requests, stimuli, and interactions can set off trauma responses.

So, what can we do differently?
If We Change
How We Are,

That Will Change
What We Do.

How Does a Trauma Framework Help?

• Normalizes human responses to trauma.
• Shifts our conceptualization of symptoms from
  What’s wrong with you? TO
  What happened to you?
• Sees symptoms as survival strategies.
  And seeks to understand the meaning
  victim/survivors make of their experiences.

Trauma-Informed Systemic Approach

• Realizes the widespread impact of trauma and
  understands potential paths for recovery;
• Recognizes the signs and symptoms of trauma in
  patients, families, and others involved with the system;
• Responds by fully integrating knowledge about trauma
  into policies, procedures, and practices; and
• Seeks to actively resist re-traumatization.
Six Key Principles of a Trauma-Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender Issues

What Else Is Needed?

Attending to the Environments We Create

Creating a Welcoming Environment
Creating Trauma-Informed Service Environments

• Physical and Sensory Environment
• Relational Environment
• Programmatic and Organizational Environment


Physical and Sensory Environment

– Welcoming.
– Inclusive.
– Culturally attuned.
– Gender responsive.
– Attentive to sensory impact.

NCDVTMH, 2013

Relational Environment

Restoring dignity and emotional safety; Countering abuser control.
– Respectful caring connections.
– Empowering information.
– Clarity, consistency, transparency, choice and shared control.
Focus on strengths and resilience.

Possible Reminders of the Violence

- Examinations—being in an exposed vulnerable position. The close proximity of the doctor, being touched, invasion of privacy when asked about personal habits and family history.
- Procedures may mimic previous trauma—invasive, physical or chemical restraint, mouth being held open by object.
- Confidentiality & privacy: Doctor or nurse discussing the case in front of the patient.

Ways You Can Help A Woman Feel Safer and More Comfortable

- Relaxed unhurried attention.
- Talk over concerns and procedures.
- Allow a support person.
- Explain each procedure and obtain consent.
- Encourage questions.
- Personable, friendly manner.
- Talk throughout, let her know what is happening and why.
- Encourage her to be comfortable; wearing her coat, listening to music, adjusting height and/or angle of table or chair.

Programmatic Environment

- Examine policies and procedures
- Flexibility.
- Adaptation.
- Accommodation.
- Emotional safety planning.
How do we support the integration of knowledge about violence and abuse-related trauma into all our program policies and practices?

Creating Cultures of Trauma Informed Care (CCTIC), 2008; British Columbia Centre of Excellence for Women’s Health, 2013

What do Victim/Survivors Have to Say?

NCDVTMH, 2013

Overall, Will She Find...

- A place that welcomes her for all she is and what she brings;
- A place that feels and is safe;
- And that takes the things that have happened to her seriously.
What Would this Look Like in Our Clinic, Hospital, or Agency?

What are you already doing to create welcoming, inclusive trauma-informed environments?

What are some things you could do?

40NCDVTMH, 2013

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

~ Maya Angelou

Resources

- A Treatment Improvement Protocol: Trauma Informed Care in Behavioral Health Services, Tip 57. Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)
- National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH)
- National Child Traumatic Stress Network (NCTSN)
For more information on trauma-informed services for victim/survivors of domestic violence and/or sexual assault,

Contact CAWS North Dakota at 701.255.6240 or online at cawsnorthdakota.org