INTRODUCTION TO TRAUMA AND TRAUMA-INFORMED PRACTICES

As a peer supporter, many of the women you work with will have experienced some form of violence or trauma in their lives. Perhaps you have experienced trauma in your own life. Whether you work in a mental health or substance abuse program, a homeless shelter, a correctional institute, a domestic violence shelter, an independent peer-run program, or any other setting, your relationships with the people you support may be profoundly affected by trauma. In this chapter, we will provide basic information on sources and impacts of trauma and will describe how behavioral health, human services, and other systems are becoming "trauma-informed." This chapter will introduce some of the concepts that will be explored in more depth later in the guide.

WHAT IS TRAUMA?

Trauma occurs when an external threat overwhelms a person's coping resources. It can result in specific signs of psychological or emotional distress, or it can affect many aspects of the person's life over a period of time. Sometimes people aren't even aware that the challenges they face are related to trauma that occurred earlier in life. Trauma is unique to each individual—the most violent events are not always the events that have the deepest impact. Trauma can happen to anyone, but some groups are particularly vulnerable due to their circumstances, including women and children, people with disabilities, and people who are homeless or living in institutions.

Sources of Trauma

Trauma can result from a wide variety of events:

- Emotional, physical, or sexual abuse in childhood
- Abandonment or neglect (especially for small children)
- Sexual assault
- Domestic violence
- Experiencing or witnessing violent crime
- Institutional abuse
- Cultural dislocation or sudden loss
- Terrorism, war
- Historical violence against a specific group (as in slavery or genocide)
- Natural disasters
- Grief
- Chronic stressors like racism and poverty
- Accidents
- Medical procedures
- Any situation where one person misuses power over another

Interpersonal violence is a major source of trauma in the United States, particularly for women. While men are most likely to experience violence from strangers, women and girls are most likely to be hurt by people they know. For women in the military, the greatest risk of harm is from fellow soldiers; for adolescent girls, it is from the people they love.

INTERPERSONAL VIOLENCE IN THE UNITED STATES

More than 3 million children witness domestic violence every year.

Every 35 seconds, a child is abused or neglected.

One in three girls and one in five boys are sexually abused by age 18.

One child dies from violence every three hours.

1.5 million women and 835,000 men are raped or physically assaulted by an intimate partner every year.

www.witnessjustice.org

What to Look For

Some common signs of trauma include:

- Flashbacks or frequent nightmares
- Being very sensitive to noise or to being touched
- Always expecting something bad to happen
- Not remembering periods of your life
- Feeling numb
- Finding yourself in situations where others abuse or take advantage of you
- Lack of concentration, irritability, sleep problems
- Excessive watchfulness, anxiety, anger, shame, or sadness

Some people don't openly display signs of emotional distress. People cope using whatever coping skills and resources they have available to them. Some may keep to themselves, some focus intently on work, while others may use substances or take risks. Every person expresses their pain differently, so it's important to *always* stay open to the possibility that the women you support have experienced trauma.

All forms of violence can be traumatizing, but the earlier in life the trauma occurs, the more severe the long-term consequences may be. Deliberate violence is particularly damaging, especially when it is inflicted by trusted caregivers. Examples of such "betrayal trauma" include incest, child sexual abuse by clergy, and abuse by professional caregivers. Secrecy also intensifies trauma. Often perpetrators will threaten victims in order to keep them from revealing what happened. In other cases, victims will remain silent due to self-blame and shame. When violence is compounded by betrayal, silence, blame, or shame, it can have lasting effects on the ability to trust others and to form intimate relationships—and can directly affect your work as a peer supporter. Helping women to regain their own voice is often the first step in establishing a trusting relationship.

It is important to remember that many of the women you work with may have experienced multiple forms of violence over their lifetime, even though they might not talk about it. For example, you might work with a woman who experienced poverty and racism as a child; grew up in foster homes; lost family, friends, home and job during Hurricane Katrina; and became involved with an abusive partner. Or perhaps you work with a woman who has been put in restraints many times during her multiple hospitalizations and, upon further exploration, she reveals that she is an incest survivor and that she was raped by a fellow soldier when she enlisted to get away from home. Remembering the long road that each woman has already walked can help you focus on the strength and courage it has taken her to survive.

WHAT IMPACT DOES TRAUMA HAVE?

Scientific findings confirm that trauma affects the mind and body and can have a lasting impact. One study looked at the "adverse childhood experiences" (ACEs) of about 17,000 people enrolled in an HMO, correlating their "ACE score" with a range of medical and social problems.[1] The relationships are staggering. People with high ACE scores are *much* more likely to develop mental health problems, abuse substances, have chronic physical illnesses, and die early. Women are significantly more likely than men to have high ACE scores.

THE IMPACT OF ADVERSE CHILDHOOD EVENTS (ACES) ON WOMEN

Women are 50% more likely than men to have an ACE score of 5 or more.

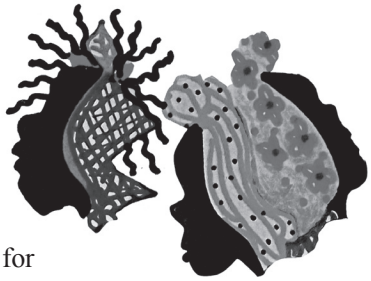
54% of depression in women can be attributed to childhood abuse.

Women with an ACE score of 4 or more are almost nine times more likely to become victims of rape and five times more likely to become victims of domestic violence than women with a score of zero.

Two-thirds of all suicide attempts are attributable to ACEs; women are three times more likely to attempt suicide than men across the lifespan.

http://www.acestudy.org/

[1] *Felitti, V.J. & Anda, R.F. (2010). The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders, and sexual behavior: Implications for healthcare. In R. Lanius & E. Vermetten (Eds.), The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease. Cambridge University Press.*



Adverse events can impact people in two ways. First, trauma affects the developing brain and body and alters the body's natural stress response mechanisms. Second, trauma increases health risk behaviors such as smoking, drinking, over-eating, and engaging in risky sex—things that trauma survivors sometimes do to cope. Recognizing these behaviors as coping responses rather than "bad choices" is essential to an effective peer support relationship.

Over time, trauma can alter everything about a person's life and behavior. Because it shatters trust and safety and leaves people feeling powerless, trauma can lead to profound disconnection from others. Survivors may always be on guard or feel overwhelming despair. Coping mechanisms can become habits that are hard to quit. Trauma can lead to problems at home, at school, or at work. People may unknowingly re-enact their trauma in different ways. As a peer supporter, your job is to help people connect to their own strengths, to talk about trauma and its impact in ways that acknowledge and respect the person's coping strategies, and to support people in naming their own experience. It is also critical to understand trauma so that you can help ensure that the people you work with are not unintentionally "re-traumatized." Re-traumatization happens when something in the environment recreates an aspect of a previous traumatic situation and triggers a trauma response. Groups, organizations, and even societies can also be traumatized, so it is also important to apply these concepts to the larger settings in which you work.

WHAT HELPS? FACTORS THAT FOSTER TRAUMA HEALING

Over the past twenty years, the field has learned a great deal about healing from violence and trauma. A national dialogue about women, violence and trauma was stimulated by a series of national conferences[2] and the Women Co-Occurring Disorders and Violence Study (WCDVS), a five-year Substance Abuse and Mental Health Services Administration (SAMHSA)-funded research study co-sponsored by all three SAMHSA Centers (the Center for Mental Health Services, the Center for Substance Abuse Prevention, and the Center for Substance Abuse Treatment).[3] The study explored the interrelation among violence, trauma, and co-occurring mental health and substance use disorders among women, provided recommendations for trauma-integrated services for these women, and sparked the development of guiding principles for positive change.

These efforts emphasized peer support, the re-traumatization that too often happens within service systems, and the importance of focusing on gender. The women survivors who participated in the conferences and the research study demonstrated clearly the power of finding and using one's voice, especially when the experience of trauma has been wrapped in secrecy and silence.[4] Their participation has helped the trauma field to understand how important it is for people who have experienced trauma to determine the course of their own lives. It is also vital that they participate in every aspect of service planning, delivery, and evaluation and that they have the opportunity to develop peer-run services.[5]

Recovery, Resilience, and Post-Traumatic Growth

The most important message you can convey as a peer supporter is that *healing is possible*. The women you support have faced great challenges and survived. It's a tribute to their strength that they've made the courageous choices to get to where they are today.

Research shows that people are extremely resilient. They can recover from even severe and repeated trauma, and can grow stronger in unexpected ways. Just like a broken bone, a person can become "stronger at the broken places." Often people move through predictable stages of safety, remembrance and mourning, and reconnection with others.[6] Grieving is often a major component of healing. This guide includes personal stories and suggestions for healing techniques that the women you support may want to try, but it is critical to remember that each woman's journey is different.

[2] *Dare to Vision (1995), Dare to Act (2004), and Dare to Transform (2008).*

[3] *The Women, Co-Occurring Disorders, and Violence Study (1998-2003).*

[4] *Mockus, S., Mars, L.C., et al (2005). Developing consumer/survivor/recovering voice and its impact on services and research: Our experience with the SAMHSA Women, Co-Occurring Disorders and Violence Study. Journal of Community Psychology, 33(4), 515-525.*

[5] *Prescott, L. et al. (1998). Women Emerging in the Wake of Violence. Culver City, CA: Prototypes Systems Change Center.*

[6] *Herman, J. (1992). Trauma and Recovery. New York, NY: Basic Books.*

There are many resources available that describe trauma recovery and that outline strategies to promote healing and post-traumatic growth. A few are listed in the resource section. As a peer supporter, one of the most important things you can do is to remind people that healing from trauma, like healing from a physical injury, is a natural human process.[7] After violence occurs, a self-healing process is activated. The will to survive is triggered, and often the individual tries to make meaning of the experience. It is critical for helpers to support the self-healing process rather than undermine it. Skills for supporting self-healing from trauma will be described in later chapters.

Trauma-Specific Services and Trauma-Informed Practices

One important distinction is between "trauma-specific" interventions and "trauma-informed" practices, services, and supports.[8] Trauma-specific interventions are designed to treat the specific signs of trauma. Many have demonstrated positive outcomes.[9] Trauma-specific services include integrated models for trauma and substance abuse treatment, manualized group counseling models, cognitive behavioral therapies, prolonged exposure therapy, body-based interventions, eye movement desensitization and reprocessing (EMDR), and many others.

In contrast, trauma-informed practices provide a new paradigm for organizing services and supports that recognizes the central role that trauma plays in people's lives and shifts the focus from "what is wrong with you?" to "what happened to you?" Trauma-informed practices can be implemented anywhere—in educational settings, in job programs, in housing, in justice systems, and, of course, in peer support. Trauma-informed services seek to understand what happened to an individual and the meaning she makes of those experiences. In a trauma-informed program, everyone is educated about trauma and its consequences, and about the importance of women's voices and choices in the services and supports they receive. People are alert for ways to make their environment more healing and less re-traumatizing for both clients and staff. They understand that when you have been traumatized, regaining control over the environment is the number one priority, so they emphasize safety, choice, trustworthiness, collaboration, and empowerment.[10] Trauma-informed services support resilience, self-care, and self-healing. Violence and healing both occur in a cultural context, so trauma-informed programs also respect and include culturally specific healing modalities.

Because violence and trauma are so common, peer supporters should assume that every woman they see may have experienced some form of trauma. How you engage people, how you empower them to tell their stories in their own words, and how you work with their existing strengths and coping strategies are critical skills of trauma-informed peer support, and will be discussed in detail later.

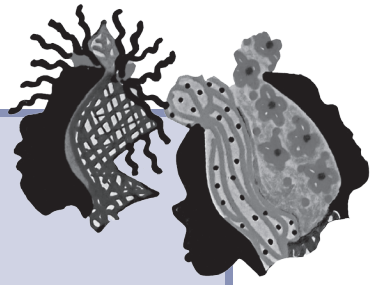
> Trauma-informed services don't ask, "What's wrong with you?"
>
> They ask, "What happened to you?"
>
> *– Sandra Bloom*

[7] *Mollica, R.F. (2006). Healing Invisible Wounds. New York, NY: Harcourt Press.*

[8] *Distinction first made by Roger Fallot and Maxine Harris.*

[9] *Jennings, A. (2008). Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services. The Substance Abuse and Mental Health Services Administration's National Center on Trauma-Informed Care.*

[10] *Fallot, R.D. & Harris, M. (2008). Trauma-informed services. In Reyes, G., Elhai, J.D., & Ford, J.D. (Eds.), The Encyclopedia of Psychological Trauma (pp. 660-662). Hoboken, NJ: John Wiley.*



CHAPTER SUMMARY: KEY POINTS

- Trauma occurs when external events overwhelm a person's coping responses.
- Trauma is widespread. You can assume that many of the people you support have trauma histories, and that many have experienced multiple sources of trauma.
- The earlier in life trauma occurs, the more damaging the consequences are likely to be.
- Being betrayed by trusted caregivers, being silenced, or feeling blame or shame may intensify the impact of the trauma.
- Trauma can affect every aspect of a person's life over time.
- Trauma-informed practices shift the focus from "what is wrong with you?" to "what happened to you?"
- Trauma-informed practices emphasize voice, choice, safety, trustworthiness, collaboration, and empowerment.
- Healing is possible.
- It is essential for peer supporters to understand trauma in order to support healing and to avoid re-traumatization.

RESOURCES

Bloom, S.L. & Reichert, M. (1998). *Bearing Witness: Violence and Collective Responsibility*. New York, NY: Haworth Press.

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The Anna Institute, **http://annafoundation.org/**

The Adverse Childhood Experience (ACE) Study, **http://www.acestudy.org/**

The National Center on Trauma Informed Care, **http://www.samhsa.gov/nctic/**

The Salasin Project, **http://wmtcinfo.org/~wmtc/typolight/index.php/salasin-project.html**

The Transformation Center, **http://transformation-center.org/resources/education/trauma/info.shtml**