

WOMEN'S Center

Trauma Informed Care

Tarrant County Homeless Coalition 4/5/2023 Presented by Chelsea Davis, LMSW

Logistics for the Morning

- Restrooms and water fountains are located in the lobby, through the glass door
- If you need to step out for any reason, please use our lobby not the hallway behind you
- Please be mindful of clients in the waiting area



THE WOMEN'S CENTER



GET HELP NOW

WE'RE HERE TO HELP

Objectives

- Define trauma and the most prevalent forms of trauma in our community
- Discuss the impact of trauma, both long-term and short-term
- Outline strategies to implement trauma-informed care throughout all levels of the agency
- Discuss vicarious trauma and its impact on professionals



TYPES OF TRAUMA & TRAUMA EXPLAINED



Individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or lifethreatening and that has adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.

TRAUMA DEFINED

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, Prepared by SAMHSA's Trauma and Justice Strategic Initiative, July 2014



TYPES OF TRAUMA

Individual

Acute

Chronic

Complex

Sexual Assault/Abuse; Neglect; Traumatic car accident

Inter-Generational

Passed down through families or other close networks

Witnessing DV in the home, A family member who abuses drugs

Historical

Experienced over time across generations by a group that shares an identity

Slavery; Segregation; Mass deportation

Institutional

Affects members of a group who experienced trauma or violence from people with institutional power

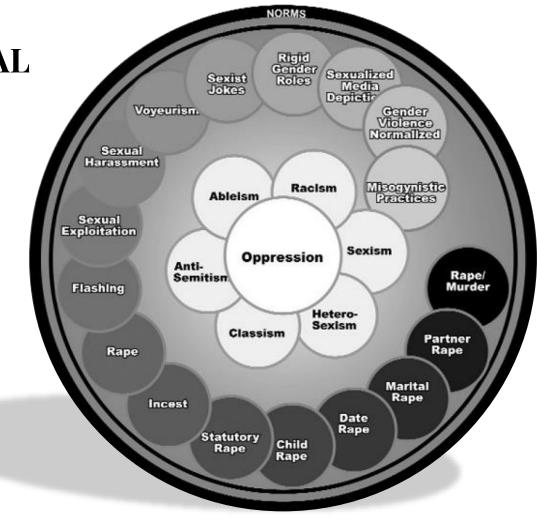
Systemic discrimination



BROADEN OUR UNDERSTANDING: VIEWING SEXUAL VIOLENCE AS A FORM OF TRAUMA



SPECTRUM OF SEXUAL VIOLENCE



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INTIMATE PARTNER VIOLENCE (IPV)



Intimate partner violence includes physical and sexual violence and nonphysical forms of abuse, such as psychological aggression and emotional abuse, perpetrate by a current or former intimate partner



FORMS OF SEXUAL VIOLENCE

Sexual Assault

Oral, anal, or vaginal penetration with a body part or an object, or being made to penetrate someone else with a sexual organ.

Sex without consent, where consent has been withdrawn, or consent was gained through coercion.

Sexual Abuse

Any tricked, manipulated, coerced, forced, or unwanted sexual contact or activity that is for the pleasure of the abuser

Usually involves a grooming process

Sexual Harassment

Any disrespectful behavior of a sexual nature

Sexual nature refers to gender, body parts, or sexual activity

Impact > Intent



PREVALENCE OF INTERPERSONAL VIOLENCE

Dating IPV: Violence: 1 in 3 Teens 1 in 4 Men Sexual Assault: 2 in 5 Women 1 in 5 Men IPV: 1 in 3 Women 1 in 4 Men Child Sexual Abuse: 1 in 4 Girls 1 in 6 Boys



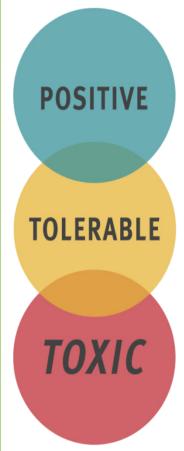
RESPONSES TO TRAUMA



IMMEDIATE RESPONSES TO TRAUMA



TOXIC STRESS



Brief increases in heart rate, mild elevations in stress hormone levels.

Serious, temporary stress responses, buffered by supportive relationships.

Prolonged activation of stress response systems in the absence of protective relationships.





ADVERSE CHILDHOOD EXPERIENCES STUDY

Adverse Childhood Experiences Study

	Women	Men	Total
ACE Category	Percent (N = 9,367)	Percent (N = 7,970)	Percent (N = 17,337)
ABUSE		ta da da da da	1
Emotional Abuse	13.1%	7.6%	10.6%
Physical Abuse	27%	29.9%	28.3%
Sexual Abuse	24.7%	16%	20.7%
HOUSEHOLD CHALLENGES			
Mother Treated Violently	13.7%	11.5%	12.7%
Household Substance Abuse	29.5%	23.8%	26.9%
Household Mental Illness	23.3%	14.8%	19.4%
Parental Separation or Divorce	24.5%	21.8%	23.3%
Incarcerated Household Member	5.2%	4.1%	4.7%
NEGLECT		······································	
Emotional Neglect ³	16.7%	12.4%	14.8%
Physical Neglect ³	9.2%	10.7%	9.9%

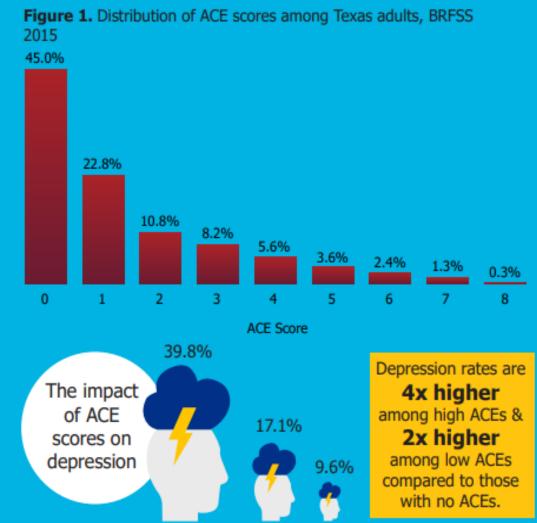
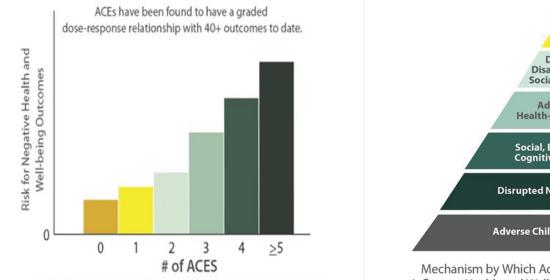


Figure 2. Prevalence of ACEs by type, BRFSS 2015

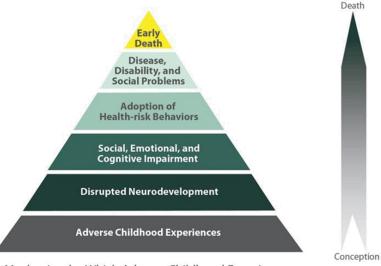
28.4%	Parental separation/divorce		
23.5%		Emotional abuse	
23.4%		Household substance abuse	
17.5%	7.5% Physical abuse		
16.5%	Witness to domestic violence		
13.9%	Household mental illness		
9.8% Sexual abuse			
6.9% Incarcerated family member			

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ADVERSE CHILDHOOD EXPERIENCES



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

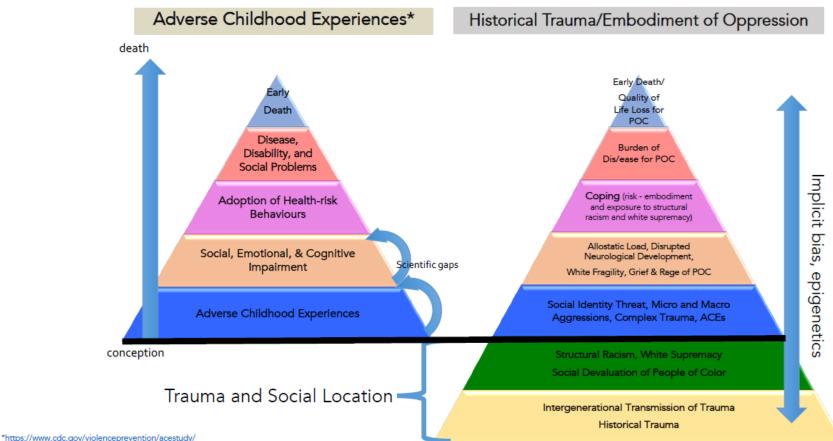


Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



Racing ACEs if it's not racially just, it's not trauma informed





Adapted by RYSE 2016

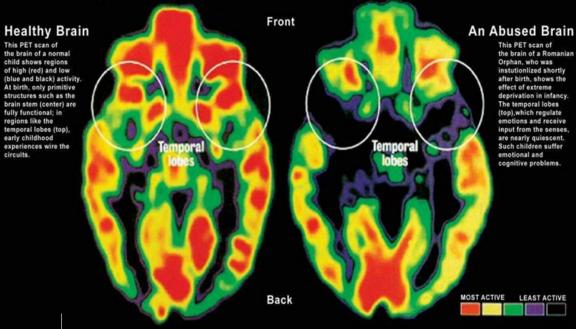
Women's Center

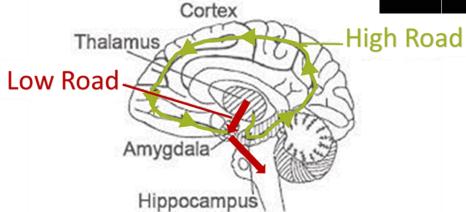
IMPACT OF TRAUMA





TRAUMA & THE BRAIN







TRAUMA DOESN'T JUST GO AWAY

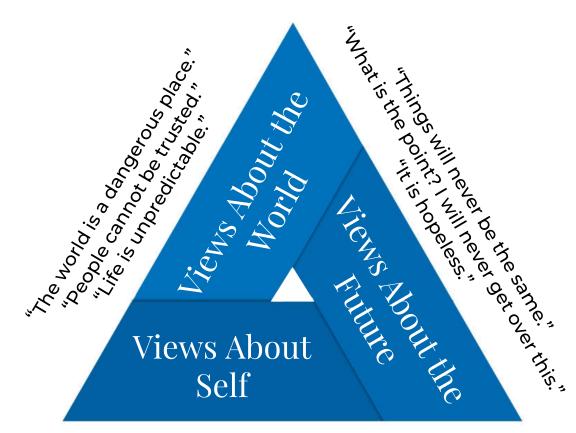
Triggers

- Recorded by sensory data
- Smells, sounds, colors, objects, movements
- Feeling a loss of control or power
- Feelings of loneliness, vulnerability, rejection
- Conflict









"I am incompetent." "I should have reacted differently." "It is too much for me to handle." "I am damaged."



VICTIMS DEVELOP COPING SKILLS TO DEAL WITH TRAUMA

- Minimization
- Denial
- Fixation
- Drug & alcohol abuse
- Use of food
- Self-harm
- Healthy and unhealthy

Trauma Adaptive Behaviors are the actions, attitudes, and perspectives that a person develops as their *best and most resilient* attempt to *manage*, *cope with*, and *rise above* their *trauma experience*.



WHAT DOES THIS MEAN FOR YOU?

Survivors are in their "Trauma Brain"

Terrified, overwhelmed, and angry

A lack of boundaries or very rigid boundaries



Their behavior is controlled by emotions

They are not acting logically

Thoughts and memories are fragmented and are not in chronological order

Hyper-focused on danger, threats, and survival



IMPLEMENTING TRAUMA INFORMED CARE



THERE IS HOPE FOR SURVVIORS OF TRAUMA

Recovery is dependent upon:

- History of trauma
- Complex trauma
- Responses of support

Trauma Informed Care is about changing your perspective from *"what is wrong with you?"* to *"what happened to you?"*



TRAUMA INFORMED SERVICES



ELEMENTS OF TRAUMA INFORMED CARE

- Collaboration with survivor and local service providers
- 2. Viewing the individual as a whole and through a sociocultural lens
- 3. Strengths-based
- 4. Builds trust and safety
- 5. Instills trauma-knowledge at all levels
- 6. Addresses Vicarious Trauma





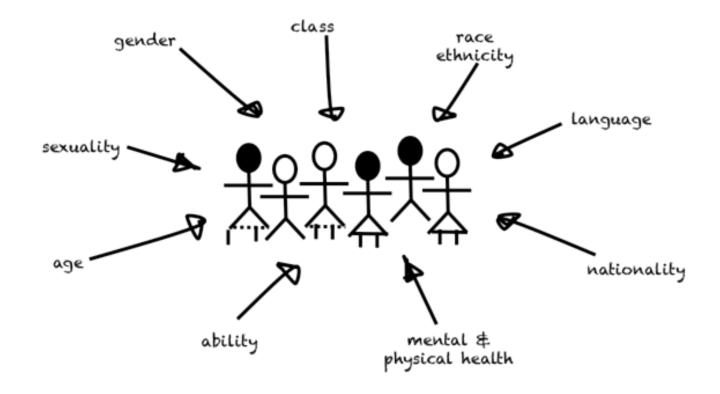
1. COLLABORATION WITH CLIENT AND LOCAL SERVICE PROVIDERS

- Allow client to play active role in creating service plan and choosing "next steps"
- Offer choices
- Familiarize self and client with trauma-informed services
- Work with local resources to develop shared information and practices





2. VIEWING THE INDIVIDUAL AS A WHOLE







3. STRENGTHS-BASED AND STRENGTHS-FOCUSED

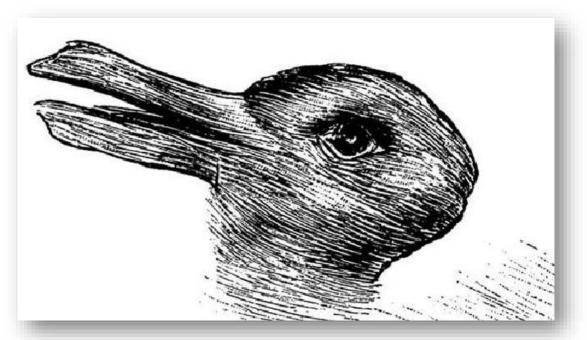
- Work with client to identify already established strengths and skills
- Work with client to develop and identify more skills and tools
- Validate resilience
- Trauma-informed responses and communication



USING A TRAUMA-INFORMED LENS



WHAT DO YOU SEE?





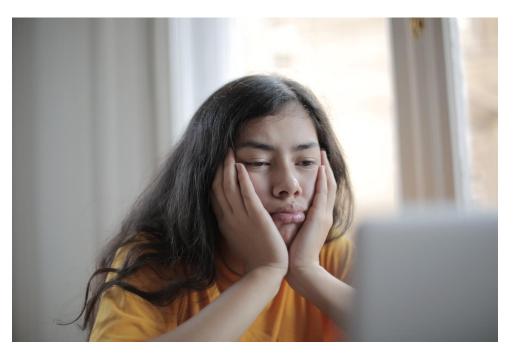
LET'S PRACTICE: WHAT ARE OTHER WAYS TO VIEW THESE BEHAVIORS?



UNMOTIVATED







Overwhelmed

Fearful



MANIPULATIVE

Getting their needs met the best way they know how



Doing what needs to be done to get by



DISRESPECTFUL

Feeling threatened









ATTENTION-SEEKING

Desperate to be heard

Seeking connection



Feeling alone



4. BUILDING TRUST AND SAFETY

- Check in with client to clarify needs, determine level of support, and access to resources
- Ensure client feels safe in current living situation and environment
- Be aware of potential triggers
- Respect privacy, confidentiality, and boundaries
- Be consistent, transparent, and reliable





5. INSTILLING TRAUMA KNOWLEDGE AT ALL LEVELS Physical Environment



- Ensure space is inviting and comfortable
- Ensure space has clear and visible exits
- Remember common triggers and decorate with these in mind



5. INSTILLING TRAUMA KNOWLEDGE AT ALL LEVELS Staff

- Provide trainings to all staff on trauma awareness
- Develop universal screening and assessments across the organization to assess trauma

COMPANY	COMPILED BY	DATE COMPLETED
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VICARIOUS TRAUMA



Vicarious Trauma is the negative effect of caring for others

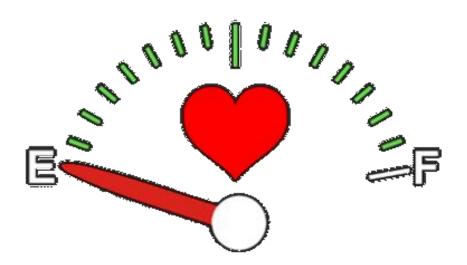
Also Known As... Secondary Trauma Compassion Fatigue

> Can Lead To Burnout



RISK FACTORS FOR VICARIOUS TRAUMA

- Personal history of trauma
- Overworked or overstressed
- Taking on too many responsibilities
- Poor boundaries
- Limited professional experience
- Limited success

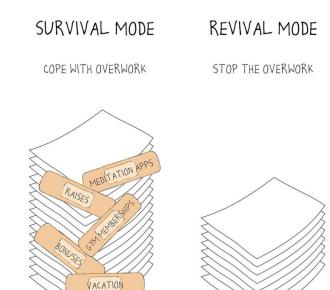




ADDRESSING VICARIOUS TRAUMA IN THE WORKPLACE

An Organization Must Provide...

- Support, supervision, & consultation
- Continuous & quality professional education
- Clear limits and boundaries with clients & colleagues
- Encouragement for personal therapy & self care





ARISSAS SHANDA

SELF CARE





Spirituality

Physical Environment



Nutrition

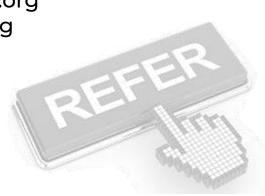
Personal and Professional Growth

Movement, Exercise, and Rest



REFERRALS TO COMMUNITY RESOURCES

- The Center www.womenscentertc.org
- Safe Haven www.safehaventc.org
- One Safe Place www.onesafeplace.org
- MHMR www.mhmrtarrant.org
- The Parenting Center www.theparentingcenter.org
- Alliance for Children www.allianceforchildren.org
- The Ladder Alliance www.ladderalliance.org
- Local Law Enforcement
- District Attorney





STATE & NATIONAL RESOURCES

- Texas Association Against Sexual Assault www.taasa.org
- Texas Council on Family Violence www.tcfv.org
- Rape Abuse Incest National Network www.rainn.org
- National Sexual Violence Resource Center www.nsvrc.org

RESOURCES

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- 2. Miller , T.R., Cohen, M.A., & Wiersema, B. (1996). Victim costs and consequences: A new look (NCJ 155282). Retrieved from the U.S. Department of Justice, Office of Justice Program s, National Institute of Justice: www.ncjrs.gov/pdffiles/victcost.pdf
- 3. Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Service. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 14-4816. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Burstow, B. (2003). Toward a radical understanding of trauma and trauma work. Violence Against Women, 9, 1293-1317. doi: 10.1177/1077801203255555 Retrieved from The Trauma Healing Project: http://www.healingattention.org/documents/doc_burstow.pdf
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- 6. Purvis, K., Cross, D. R., & Hurst, J. R. (2013). Trust-Based Relational Intervention® Caregiver Training: TBRI® Introduction and Overview (TBRI® Practitioner Instructor Workbook). Fort Worth, TX: Karyn Purvis Institute of Child Development.
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- 8. Joel G. Sprunger, PhD; Julie A. Schumacher, PhD; Scott F. Coffey, PhD; David R. Norris, MD, FAAFP, It's time to start asking all patients about intimate partner violence THE JOURNAL OF FAMILY PRACTICE | APRIL 2019 | VOL 68, NO 3
- 9. Sacks, Vanessa & Murphey, David. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity.

EVALUATION





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Thanks!

Do you have any questions?

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