

TRAUMA-INFORMED APPROACH: KEY ASSUMPTIONS AND PRINCIPLES

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February 22, 2017

Section One

Understanding Trauma



LEARNING OBJECTIVES

**Shared
understanding**

**Identification
of trauma**

**Awareness of
prevalence**

THINGS TO REMEMBER

**Underlying
question =**

**“What
happened to
you?”**

Symptoms =

**Adaptations
to traumatic
events**

**Healing
happens**

**In
relationships**

WHAT IS TRAUMA?

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 life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

THE THREE E'S IN TRAUMA

Events

*Events or
circumstances
cause trauma.*

Experience

*An individual's
experience of the
event determines
whether it is
traumatic.*

Effects

*Effects of trauma
include adverse
physical, social,
emotional, or
spiritual
consequences.*

POTENTIAL TRAUMATIC EVENTS

Abuse

- Emotional
- Sexual
- Physical
- Domestic violence
- Witnessing violence
- Bullying
- Cyberbullying
- Institutional

Loss

- Death
- Abandonment
- Neglect
- Separation
- Natural disaster
- Accidents
- Terrorism
- War

Chronic Stressors

- Poverty
- Racism
- Invasive medical procedure
- Community trauma
- Historical trauma
- Family member with substance use disorder

EXPERIENCE OF TRAUMA

Experience of trauma
affected by:

How

When

Where

**How
Often**

EXPERIENCE CONTINUED

**Context,
expectations,
and meaning**

**Threat to life,
bodily integrity,
or sanity**

Interventions

**Humiliation,
betrayal, or
silencing**

**Subconscious
or
unrecognized**

DISCUSSION QUESTION



EFFECT OF TRAUMA

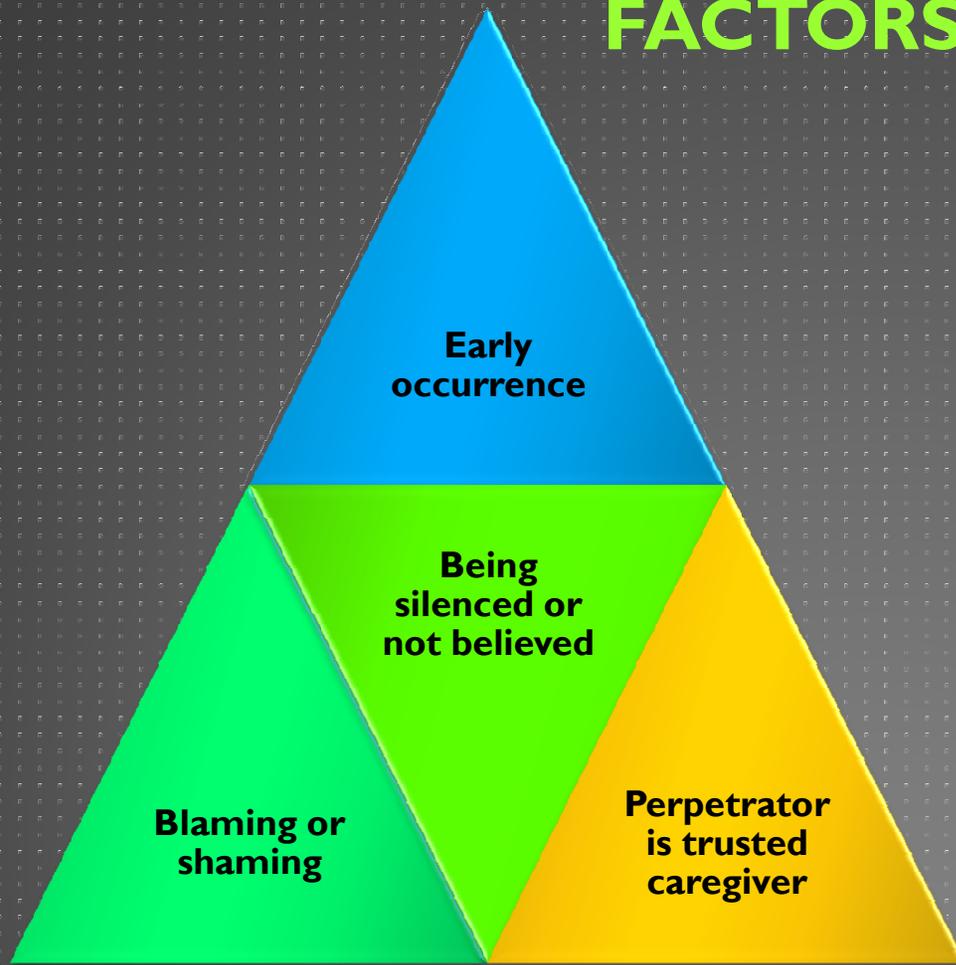
The **effect** of trauma on an individual can be conceptualized as a normal response to an abnormal situation.

EFFECT (Continued)

**Trauma
can...**

- **Cause short and long-term effects**
- **Affect coping responses, relationships, or developmental tasks**
- **Impact physiological responses, well-being, social relationships, and/or spiritual beliefs**

FACTORS INCREASING IMPACT

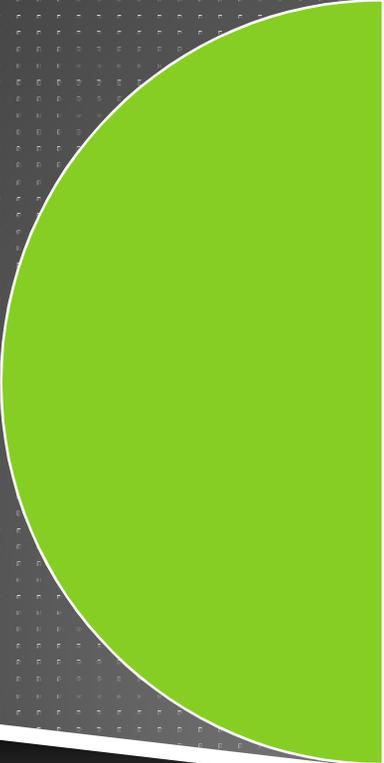


PREVALENCE OF TRAUMA

TRAUMA IN ADULTS – MENTAL HEALTH

- ▶ **More than 84%** of adult mental health clients will have trauma histories (Meuser et al, 2004)
- ▶ **50% of female and 25% of male clients** experienced sexual assault in adulthood (Read et al, 2008)
- ▶ **Clients with histories of childhood abuse** will have earlier first admissions, more frequent and longer hospital stays, more time in seclusion and restraints, greater likelihood of self-injury or suicide attempts, more medication use and more severe symptoms. (Read et al, 2008)

TRAUMA IN ADULTS: MENTAL HEALTH (continued)



**Clients
with
histories
of
childhood
abuse**

- Earlier first admissions
- More frequent and longer hospital stays
- More time in seclusion or restraint
- Greater likelihood of self-injury or suicide attempt
- More medication use
- More severe symptoms (Read et al, 2005)

TRAUMA IN ADULTS: SUBSTANCE ABUSE

- ▶ Up to 65% of all clients in substance abuse treatment report childhood abuse (SAMHSA, 2013)
- ▶ Up to 75% of women in substance abuse treatment have trauma histories (SAMHSA, 2009)
- ▶ Over 92% of homeless mothers have trauma histories, They have twice the rate of drug and alcohol dependence as those without (SAMHSA, 2011)
- ▶ Almost 1/3 of all veterans seeking treatment for a substance use disorder have PTSD (National Center for PTSD)

TRAUMA IN CHILDREN

- ▶ **71% of children** are exposed to violence each year (Finkelhor et al, 2013)
- ▶ **3 million children** are maltreated or neglected each year (Child Welfare info, 2013)
- ▶ **3.5-10 million** witness violence against their mother each year (Child Witness to Violence Project, 2013)
- ▶ **1 in 4 girls and 1 in 6 boys** were sexually abused before adulthood (NCTSN Fact Sheet, 2009)
- ▶ **94% of children in juvenile justice settings** have experience trauma (Rosenberg et al, 2014)

TRAUMA IN CHILDREN

- ▶ 40-80% of school age children experience bullying (Graham, 2013)
- ▶ 75-93% of youth entering the juvenile justice system have experienced trauma (Justice Policy Institute, 2010)
- ▶ 92% of youth in residential and 77% in non-residential mental health treatment report multiple traumatic events (NCTSN, 2011)
- ▶ In the US, we lose an average of more than 9 children and youths ages 5 to 18 to homicide or suicide per day. (Defending Childhood Study)

TRAUMA AFFECTS OLDER ADULTS

- Based on a community sample of older adults, about 70% of older men reported lifetime exposure to trauma; older women reported a lower rate, around 41%
- In a large sample of older adults, greater lifetime trauma exposure was related to poorer self-rated health, more chronic health problems, and more functional difficulties
- Among a community sample of older women (average age = 70), 72% had experienced at least one type of interpersonal trauma during their lives (e.g., childhood physical or sexual abuse; rape) and higher rates of interpersonal trauma were related to increased psychopathology

INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES HAVE INCREASED RISK FOR TRAUMA, CHRONIC STRESS, AND ADVERSITY

- ▶ Increased risk for **abuse** as compared to the general population (Gil, 1970; Mahoney & Camilo, 1998; Ryan, 1994)
- ▶ Over four times as likely to be **victims of crime** as the nondisabled population (Sobsey, 1996)
- ▶ Two - ten times more likely to be **sexually abused** than those without disabilities (Westat Ind., 1993)
- ▶ Often experience **rejection and loneliness** (Pitonyak)

INTERACTIVE IMPACT

Abuse and neglect have profound influences on brain development. The more prolonged the abuse or neglect, the more likely it is that permanent brain damage will occur.

Not only are people with developmental disabilities more likely to be exposed to trauma, but exposure to trauma makes developmental delays more likely.

Joan Gillece, Ph.D., NASMHPD

PEOPLE WITH DISABILITIES MAY ALSO EXPERIENCE:

Cognitive and processing delays that interfere with understanding of what is happening in abusive situations, and

Feelings of isolation and withdrawal due to their differences, which may make them more vulnerable to manipulation because of their increased responsiveness to attention and affection.

Joan Gillece, Ph.D.