

Trauma Matters!

Developing trauma-informed domestic violence services

**California Center of Excellence
for Trauma Informed Care**

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Just like surfing....



Becoming trauma informed requires balance,
flexibility, patience, skill and dedication!



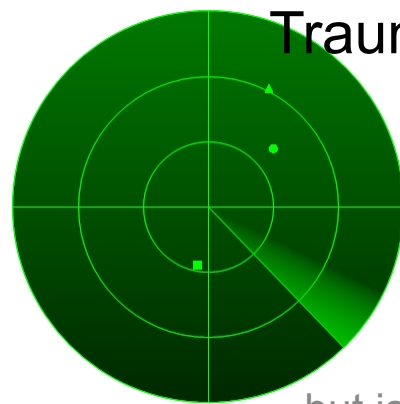
It's also fun!

Who am I?

- Gabriella Grant, director of the California Center of Excellence for Trauma Informed Care.
- Not a clinician - do facilitate 'seeking safety' groups for PTSD + sub abuse.
- Master in policy studies, specifically criminal justice policy and the female offender from the Johns Hopkins University.
- Worked for MD parole and probation, the CA Judicial Council, and contracted with the CA Dept. of Public Health, most recently.

Challenges?

- What **areas** are you struggling with or that are keeping you from making a safety-based connection with a client?



Trauma is the key...

...but is rarely on the radar

A common denominator:

Trauma is the most **common**, the most preventable, and the most **treatable** factor affecting recipients of social services

Current PTSD rates

Male general pop	4%	Female SA victims	41%
Female gen. pop	5%	Prostitutes	42%
Dev disability	17%	HIV+ women	42% (+22%)
Prisoners	21%	Juvenile setting boys	up to 50%
Primary care	23%	Outp. sub abuse tx	50%
Homeless youth	24%	S.A. foster care	64%
Serious MI	28-43%	Male SA victims	65%
Major depression	35%	Juvenile setting girls	70%
Anxiety	42%	DV victims	up to 86%

Bender et al., 2010; Ford et al., 2008; Goff et al., 2007; Liebschutz et al., 2007; Mueser et al., 1998, 2004; Valera, 2000; Arroyo, 2001; Garland et al, 2001; Teplin et al, 2002; Martinez et al., 2002; Ryan, 1994; Kessler et al., 1995; Ullman, 2002; Jones et al., 2001; Dubner and Motta, 1999. Kerig, et al. unpublished; Johnson and Zlotnick, 2012)

“Complex DV”

- Sheltered battered women average 8.1 traumatic events over lifetime – violent, poor lives
(Humphrey et al 1999)
- Women in shelter have 3x higher rates of depression, PTSD, anxiety, phobias – 59% v. 22%
(Helfrich et al 2008)
- PTSD predicts severity of violence more than help-seeking behaviors, helpfulness of services, social supports
 - services focusing on PTSD reduction/safe coping to escape cycle of violence
(Perez, Johnson 2008)

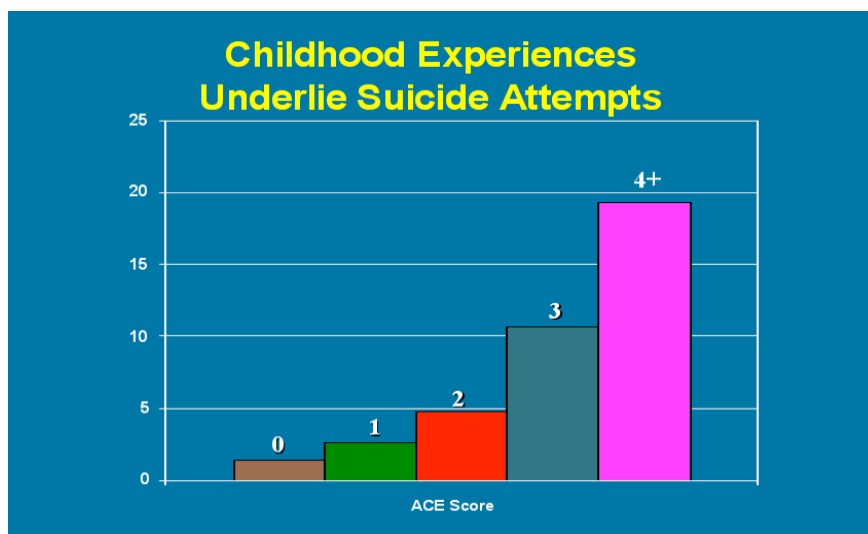
“Time doesn’t heal, time conceals.”

Dr. Vincent Felitti
ACE Principal Investigator

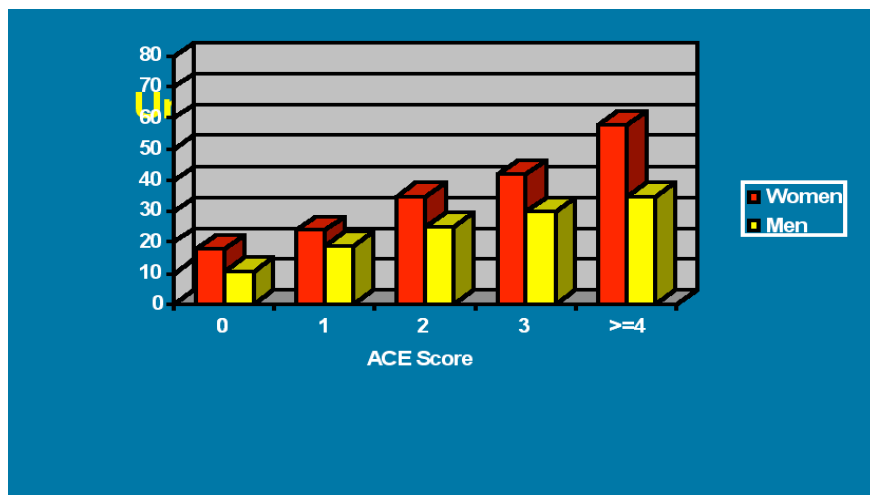
ACE – Before 18

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

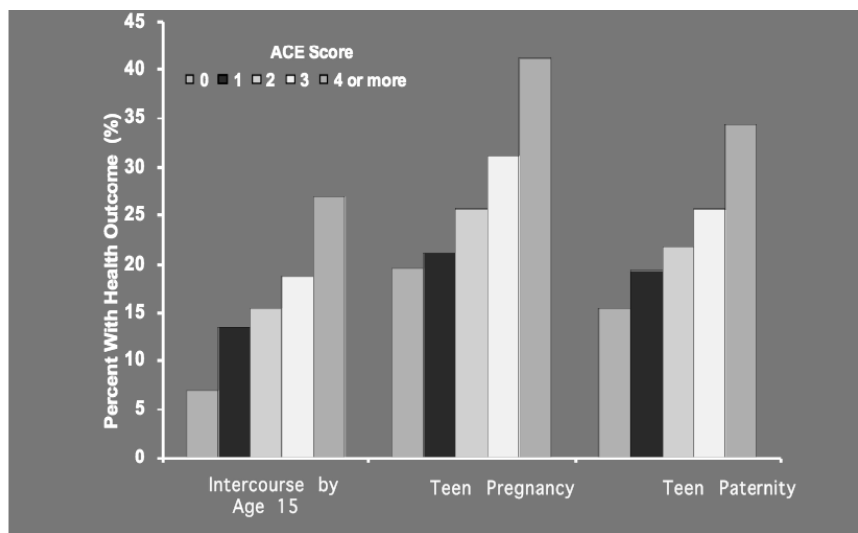
ACEs and Suicide Attempts



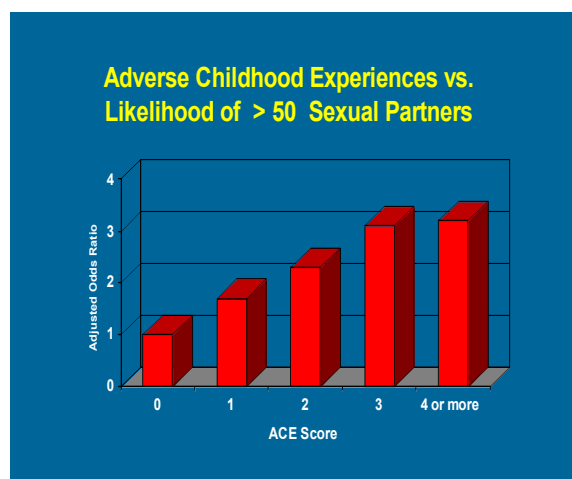
ACEs and Depression



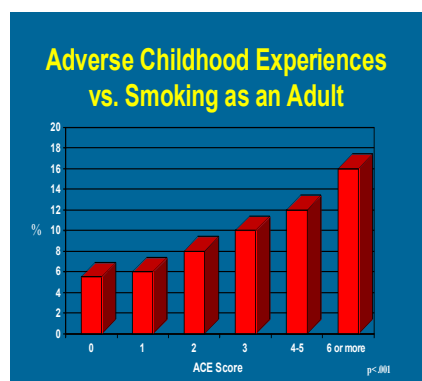
ACEs and Teen sexual behavior



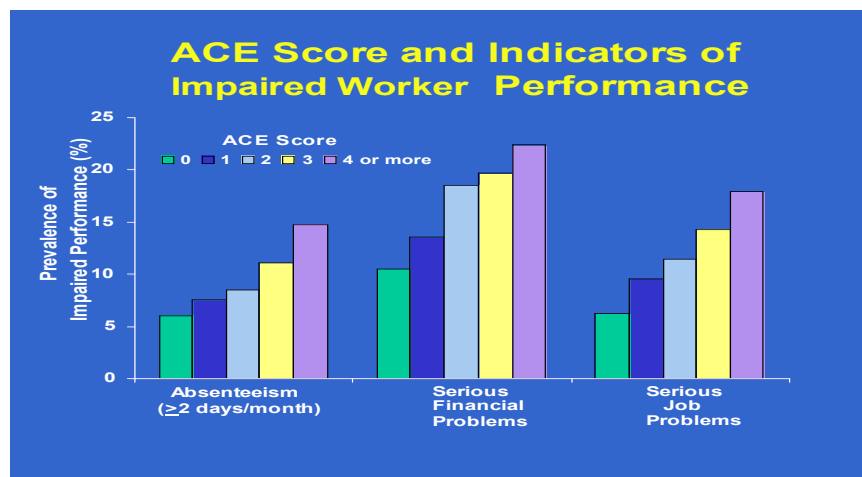
ACEs and 50+ Sexual Partners



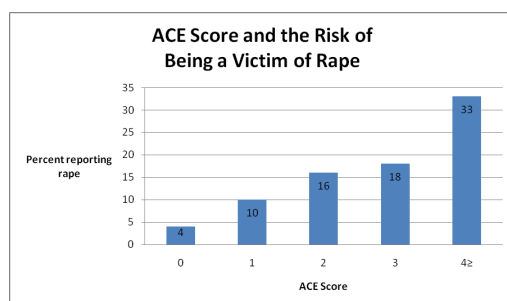
ACEs and Smoking



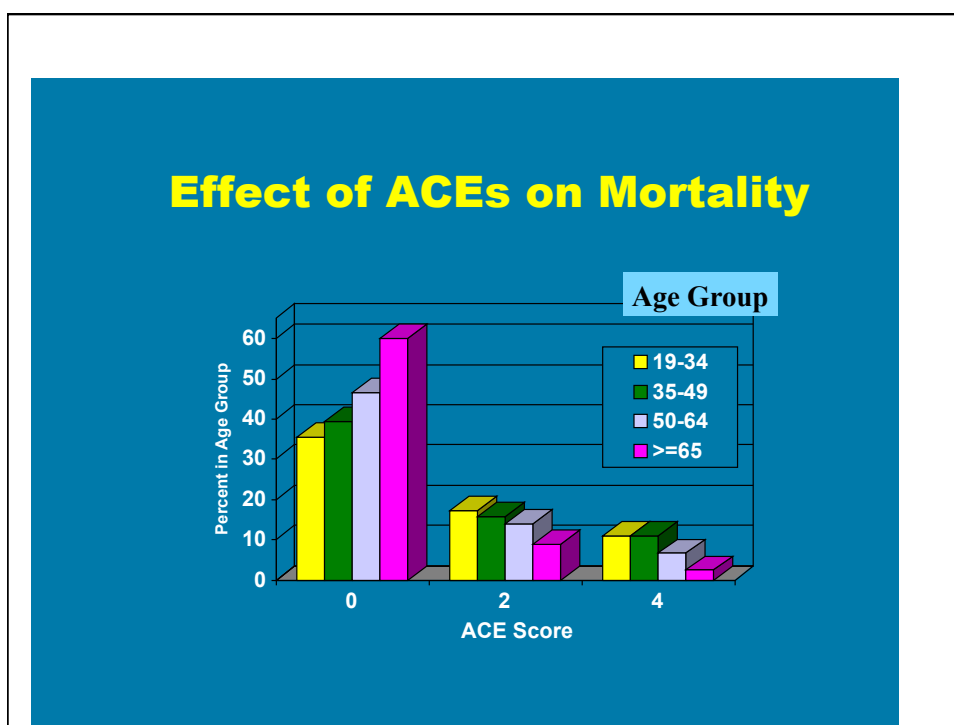
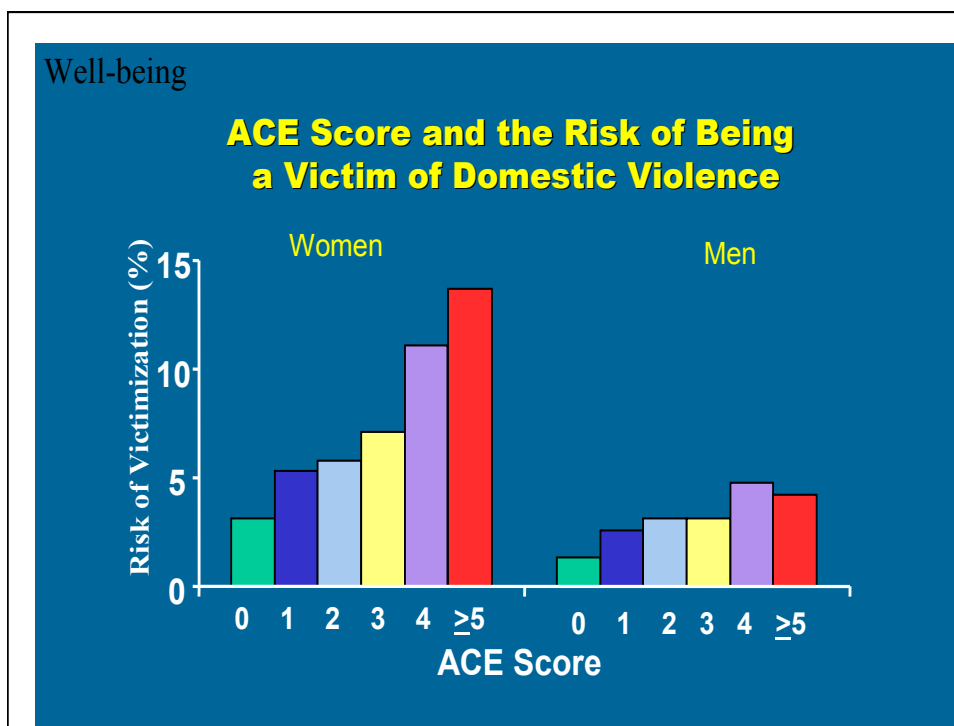
ACEs and Worker Performance

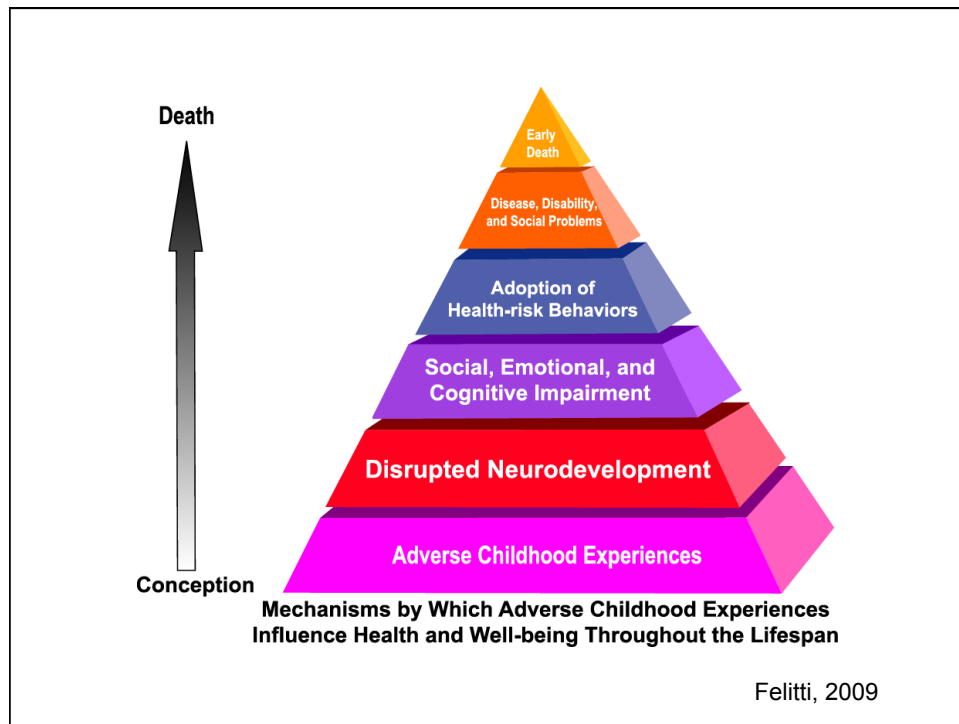


Underlie Being a Victim of Rape



- **Attributable to ACEs**
 - People with an ACE score of 4 or more are over 8 times more likely to be a victim of rape than people with an ACE score of 0.





The Neurobiology of Trauma

How trauma affects brain development and function

Disclaimer

- I am not a neurobiologist! This is a layperson's understanding of brain functioning based on published research.
- Some of the information I use is from The Amazing Brain by the Trauma Academy, lead by Dr. Bruce Perry and Bessel van der Kolk of the Trauma Center.

Goal of Brain Development

“The goal of brain development is to produce an organism that is well suited to the demands of the environment.”

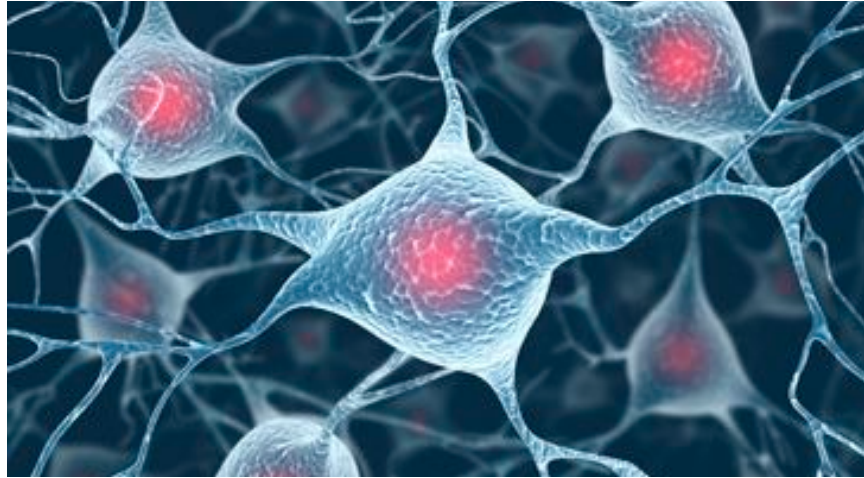
Teicher, Tomoda & Andersen, 2006

Survival means recognizing threat

- All novel situations and new information are judged to be threatening until proven otherwise.
- Across generations, wariness to new individuals, new groups, and new ideas was selected and built into the circuits of the human brain's alarm response.
- However, fear inhibits exploration, fear inhibits learning, and fear inhibits opportunity.
(Perry, The Amazing Brain)

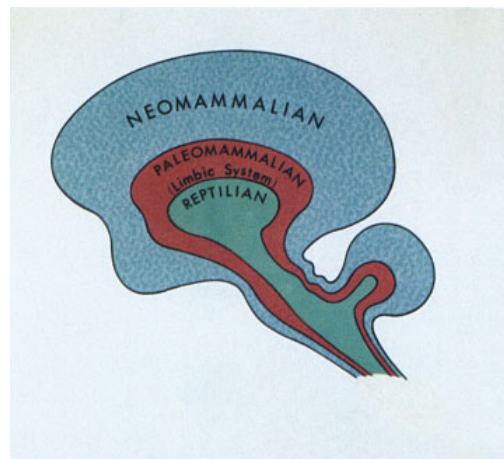
“People who suffer from PTSD
seem to lose their way in the
world.”

Van der Kolk, 2006



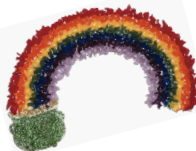
Neurobiology of the brain

- www.childtraumaacademy.com/amazing_brain/index.html



Paying close attention is essential to long-term plastic change....Divided attention doesn't lead to abiding change in your brain maps.

Norman Doidge, MD
The Brain that Changes Itself, pg.
68
2007



Internal Pot of Gold

- A gift more precious than anything material.
- Gives strength to deal with challenges
- Ability to bounce back from setbacks
- Ability to show affection and enjoy connection with others in relationship.
- Allows for empathy and 'theory of mind' (ability to know how the other person thinks and feels).

(Baron-Cohen, 2011)

PTSD ≈ cognitive disability

- Trauma interferes with the interpretation and communication functions of the brain, leading to non-verbal communication and misinterpretation of non-verbal signals (language)
- Complex trauma/PTSD interferes with a person's ability to store and retrieve information (memory)
- Understanding brain development and functioning helps decipher how the person is interpreting the world around him/her.

Becoming trauma-informed



Core values

- Safety
- Trustworthiness
- Choice
- Collaboration/connection
- Empowerment

(Harris and Fallot, 2001)

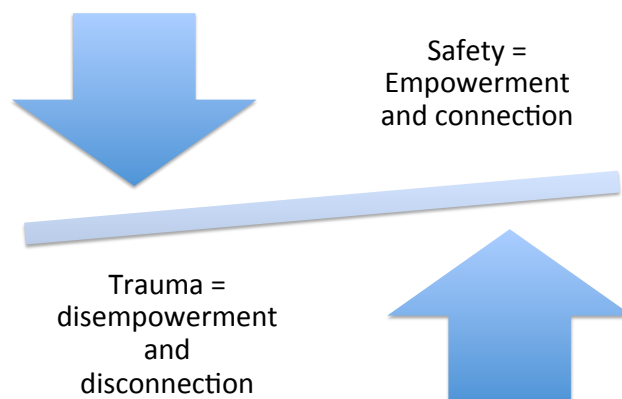
Trauma-informed → safety

- **Trauma-informed:** create a **milieu** that acknowledges the impact of trauma and attempts to create a sense of safety
- **Trauma-specific:** services whose primary task is to **address** the impact of trauma and to facilitate trauma recovery
- All social service programs benefit from becoming trauma informed and can choose to become also trauma-specific.

The key is **safety**

- Domestic violence is a safety issue
- Unsafe behaviors are a safety issue
- Reducing unsafe situations, activities and behaviors increases safety for both individual and children.
- Focusing on **safety** will increase the chances that a person with interconnected issues can make important safety decisions about him/herself.

Trauma → lack of safety



Empowerment key

- Empowerment process: women setting own goals and accessing to resources to achieve these individualized goals (Kasturirangan, 2008)
 - Empowerment was found to attenuate the impact of IPV severity on PTSD at low and moderate levels of violence.
 - Empowerment demonstrated greater relative importance over resource acquisition.
- (Perez, et al, 2012)

Stages of Trauma Recovery

Stage One: **Establishing safety**

- Securing safety
- Stabilizing symptoms
- Fostering self-care

Stage Two: **Remembrance and mourning**

- Reconstructing the trauma
- Transforming traumatic memory

Stage Three: **Reconnection**

- Reconciliation with self
- Reconnection with others
- Resolving the trauma

Judith L. Herman, 1992

2 types of safety

- Physical
 - Injury - immediate risk –
 - Health – immediate risk
 - Imminent threat
 - Disaster, accidents
 - Property damage
 - Financial harm
 - Urgency, emergency
 - Action, direct, clear
 - Assertive, decisive
 - Authority decides priorities
 - Now, immediate need
 - Rules to avert disaster
- Emotional
 - Behavioral change
 - Relationships
 - Disclosure
 - Risk of trying
 - Decisions
 - Choices, options
 - Calm, reflective
 - Validation, collaboration
 - Agreement, encouragement
 - Empowerment Over time, no immediate need
 - Agreements to create safe collaboration

Trauma-informed shifts

- One problem, one solution
- One time to disclose
- Compliance / obedience
- Prescriptive
- People need fixing first
- **Interconnected** problems and solutions
- **Multiple** opportunities to disclose / discuss
- **Empowerment**, permission, collaboration, trust
- **Choice**
- People need **safety** first

Developed at the 2010 SAMHSA Trauma Informed Summit

Staff person' s T.I. toolbox

1. Trauma theory and evidence-based practices
 - Theory: e.g., Harris and Fallot
 - Manual: e.g., Seeking safety
 - Research: e.g., Trauma Academy
2. Motivational interviewing
3. Safe coping and grounding techniques
4. Strengths-based advocacy
5. Effective program design and P&P

Trauma-Informed Benefits

- Evidence-based and effective
- Cost-effective
- Humane and responsive to real needs
- Aligned with over-arching goals
- Highlights glitches in the systems and offers solutions
- Works with other best practices

Trauma-informed services are 'safety increase' oriented

An approach to services that looks at
safety as the key to helping people who
are struggling



Remember...

It's also fun!

Core texts

- Trauma and Recovery, Judith Herman
- Using Trauma Theory to Design Service Systems, Harris and Falot
- The Promise and Practice of Trauma Informed Services, Gordon Hodas, MD
- The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare , Vincent Felitti, MD and Robert Anda, MD
- Beyond Trauma, Stephanie Covington (tx manual)
- Seeking Safety, Lisa Najavits (tx manual)

Thank you!

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