

Trauma-Informed Care



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Learning Objectives

- Identify links between trauma and adolescent sexual behavior, and how trauma may influence adolescents' responses to abstinence education programs;
- Describe trauma-informed care, including trauma-informed program delivery and systems; and
- Identify and address trauma during implementation of abstinence education programs.



Stressful Events and Trauma in the Lives of Children and Adolescents

Many Types of Events May be Stressful or Traumatic for Children/Adolescents

- Some examples are:
 - Maltreatment (neglect, physical abuse, sexual abuse),
 - Domestic/intimate partner violence/dating violence,
 - Peer violence,
 - Neighborhood violence,
 - Motor vehicle crashes,
 - Death/severe problem of a loved one,
 - Separation/removal from a parent/loved one
 - Medical treatment,
 - Natural disasters, and
 - War/terrorism/refugee experiences.



Reference: The National Child Traumatic Stress Network. (n.d.). Scope of the problem. Available at: <http://www.nctsn.org/content/scope-problem>

Stressful/Traumatic Events Are Common in the Lives of U.S. Children/Adolescents

- 60% of U.S. children (age 0 to 17) experienced or witnessed ≥ 1 victimizations in the past year, including:
 - Direct physical assault,
 - Child maltreatment, sexual abuse,
 - Bullying,
 - Witnessing violence, etc.
- 39% experienced 2 or more direct victimizations.
- 11% experienced 5 or more direct victimizations.

Reference: Finkelhor, Turner, Ormrod, Hamby, 2009

Stressful/Traumatic Events Are More Common Among Subgroups Served by Abstinence Education Programs

- Foster Care - 51% had been direct victims of violence.
- LGBTQ - LGBTQ youth contend with family rejection, school harassment, and physical, sexual, and/or emotional abuse in response to suspicion or declaration of their emerging sexual orientation and gender identity.
- Homeless/Runaway - Youth exposed to high rates of trauma, both on the streets and prior to becoming homeless.

Because abstinence education programs focus on groups that are most likely to bear children out-of-wedlock, these groups may also be at heightened risk for trauma.

References: Gaetz, 2004; Killen-Harvey & Stern-Ellis, 2006; Kidd, 2003; Stein et al., 2001

Biological Responses to Stress and Trauma

- All persons experience stressful events, and many experience traumatic events.
- Our bodies have evolved to successfully cope (stress → cascade of neurochemical processes in the brain).
- However, when the stress is very severe (such as trauma) and/or chronic, our bodies' reactions to stress may change.
- In children, especially < age 5, such changes may lead to deficits in the growth, structure and functioning of the brain, resulting in impaired functioning in many domains (socialization, learning, etc.).

References: Child Welfare Information Gateway, 2009 and 2011; Schwartz and Perry, 1994

Types of Trauma Symptoms (Ages 12 to 17)

■ Internalizing symptoms

- Emotional numbing
- Flashbacks, nightmares, sleep disturbances
- Confusion, guilt
- Revenge fantasies
- Feeling depressed, suicidal thoughts
- Withdrawal, isolation
- Somatic complaints, pain

■ Externalizing symptoms

- Avoidance of stimuli
- Aggression (including assault and rape)
- Substance use/abuse
- Other antisocial behavior (including inappropriate sexual behavior)
- School refusal

Trauma Triggers and Re-Traumatization

- Adolescents who have experienced trauma may encounter situations that “trigger” a distressing memory.
 - Discussions about refusing sexual activity
 - Identifying healthy (and unhealthy) relationships
- Trauma triggers may be sights, sounds, touches, smells, or tastes somehow linked to the traumatic situation.
- Triggering such memories may result in adolescents “re-experiencing” the intense, distressing feelings from the traumatic event, and lead to withdrawal, behavioral outbursts, aggression, and other types of responses.



Links between Trauma and Adolescent Sexual Behavior

Child Maltreatment and Adolescent Sexual Behavior

- Child maltreatment (including neglect, physical abuse, and sexual abuse) associated with increased rates of:
 - Early sexual debut
 - Risky sex behaviors (unprotected sex, sex with multiple partners, sex while using drugs/alcohol, sex for money)
 - Teen pregnancy

References: Champion, 2011; Haynie, Petts, Maimon, Piquero, 2009; Noll, Shenk, Putman, 2009

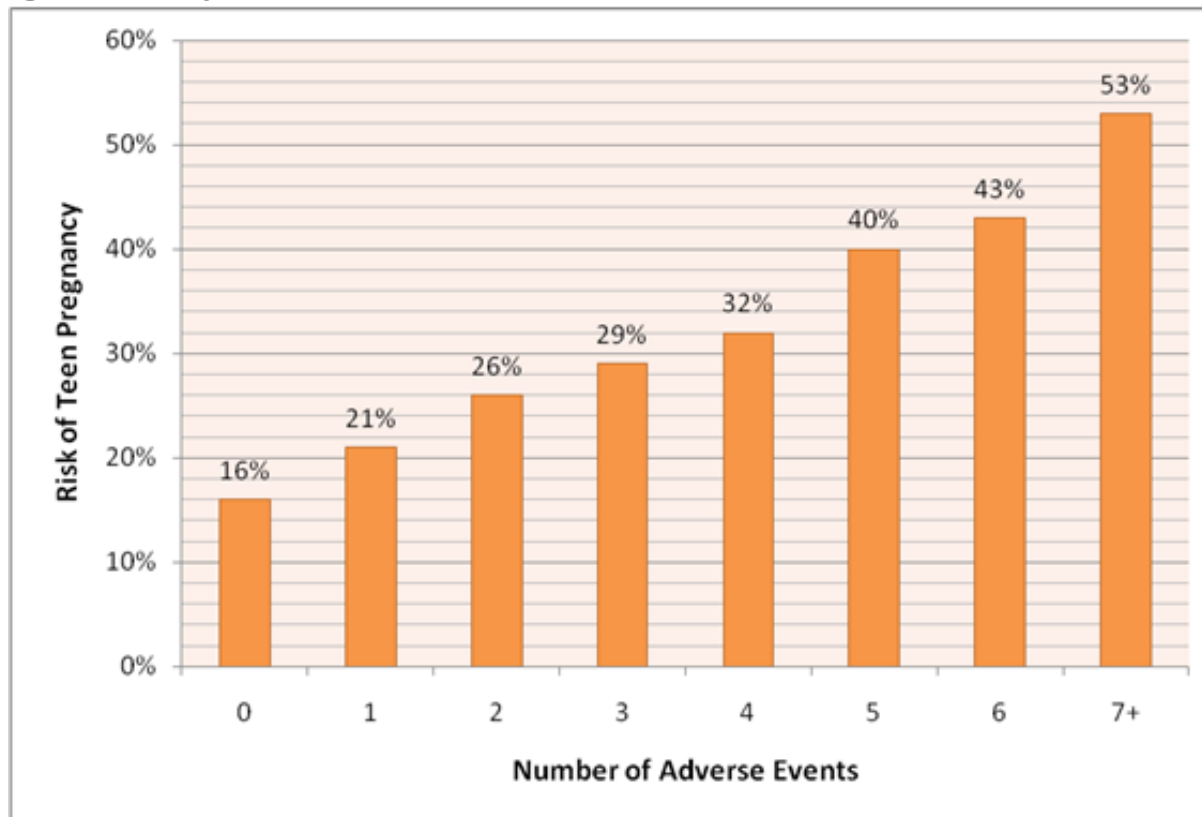
Violence Exposure and Adolescent Sexual Behavior

- Adolescents' exposure to violence (both direct and witnessing) has been associated with sexual behavior
 - More extensive violence exposure and cumulative exposure to different kinds of violence positively associated with number of partners
 - Most significant unique predictors were physical victimization, neighborhood violence, and violence involving dating partners

Reference: Wilson et al., 2012

More Adverse Experiences Increases Risk of Teen Pregnancy

- Exposure-response relationship between number of adverse childhood experiences and risk of teen pregnancy



Reference: Hillis, Anda, Dube, Felitti, Marchbanks, Marks, 2004

Questions or Comments



Well-Intentioned Programs May Inadvertently Act as Trauma Triggers

- Josie, now 12 years old, never told anyone that her uncle had sexually abused her when she was 7 years old. When she recently began participating in a school-based abstinence education program in which sexual activity was discussed, she started to feel as if she were re-experiencing the sexual abuse. She also felt very ashamed because she did not stop the abuse, even though she was only 7 years old when it occurred. This bothered her so much she could not pay attention during the abstinence education sessions—instead she would freeze up and tune out, and she really wanted to quit going to school.

Potential Trauma Triggers in Abstinence Education Activities

- Topics discussed in an abstinence education class may include
 - How to avoid or get out of a dangerous, unhealthy, or abusive relationship,
 - Practical ways to avoid inappropriate sexual advances



Trauma-Informed Care

Trauma-Informed Care

- Goal: Provide assistance in a manner that is welcoming and appropriate for trauma survivors, including avoiding re-traumatization.
- All types of trauma-informed care (trauma-informed program delivery, services, treatment, and systems) include aspects of:
 - Understanding trauma, and how it may affect people's lives;
 - Identifying both current and past trauma experiences of the persons with whom one is working (the "consumers"); and
 - Using this knowledge to adapt program delivery, design treatments, services, and/or systems appropriate for trauma survivors.

References: Harris & Fallot, 2001; SAMHSA National Center for Trauma-Informed Care Website, 2012

Trauma-Informed Systems of Care

- In trauma-informed systems, all system components (programs, services, treatments, etc.) have been reconsidered and restructured with an understanding of the role that trauma plays in the lives of the persons seeking assistance.
- Examples include:
 - Trauma Informed Education System
 - Trauma-Informed Healthcare System
 - Trauma-Informed Child Welfare System/Foster Care

References: Harris & Fallot, 2001; Hodas, 2006; Ko et al., 2008

■ Prerequisite for a Trauma-Informed System: Administrative Commitment to Change

- Persons controlling the allocation of system resources must commit to using some resources to integrate a trauma-informed approach

References: Harris & Fallot, 2001; Hodas, 2006



Prerequisite for a Trauma-Informed System: Staff Training on Trauma

- ALL staff interacting with persons receiving the programs or services should receive a general introduction to trauma and its effects. This includes staff
 - Delivering programs,
 - Recruiting, etc.
- Goal is for all persons in the system to become sensitized to trauma so that they may help to make the system welcoming to trauma survivors and avoid inadvertent re-traumatization.

References: Harris & Fallot, 2001; Hodas, 2006

■ Prerequisite for a Trauma-Informed System: Training on the “Impact of Trauma Work”

- Becoming sensitized to trauma and working with trauma survivors may result in “impact of trauma work”
 - Feeling distortions/changes in one’s world view
 - Feeling threats to one’s sense of personal safety
 - Becoming emotionally exhausted
 - Example: A clinician working in a homeless shelter told her supervisor, *“It seems like every woman I know has been raped or battered. Now I practically assume that men are going to hurt me. I can’t take it anymore.”*

Reference: Arledge, Wolfson, 2001

Prerequisite for a Trauma-Informed System: Universal Trauma Screening



- Ideally, all adolescents seen in the system (i.e., those receiving the program or services) should be screened.
- Those screening “positive” should be provided with (or referred for) more comprehensive assessment and intervention if indicated.
- One must make decisions concerning the best place within the system to conduct universal trauma screening.
 - Not all system units need to conduct screening

References: Harris & Fallot, 2001; Hodas, 2006

Trauma Screening Tools

- See Handouts:
 - Trauma screening tools
 - Life Incidence of Traumatic Events—
Parent Form
 - Life Incidence of Traumatic Events—
Student Form

Prerequisite for a Trauma-Informed System: Reviewing/Amending Policies and Procedures

- Persons delivering programs, providing services, administering the system and those using the system (the “consumers”) should work together to review the system’s policies and procedures to identify ways in which they may be non-welcoming, non-effective, or even hurtful to trauma survivors.
- Replace inappropriate policies and procedures with more appropriate options.

References: Harris & Fallot, 2001; Hodas, 2006

Trauma-Informed Care Organizational Assessment Tools

- Handouts:
 - Trauma-informed care organizational assessment tools
 - Creating trauma-informed care environments
 - TReSIA Section 3

Let's hear from you

- How might you deliver your teen abstinence education messages/activities in a manner which will be welcoming and acceptable (not re-traumatizing) to all adolescents, including those with a trauma history?
- How might you work with others within your larger “system” (i.e., the system in which your abstinence education program is set, such as the school system) to incorporate a trauma-informed approach?
- What barriers/challenges can you anticipate, and what strategies/solutions can we brainstorm?



Identifying and Responding to Trauma

Identifying and Responding to Requests for Help, Disclosures, and Distress

- Requests for help
- Adverse events
 - Mild or moderate distress
 - Disclosure of past trauma
- Serious adverse events
 - Extreme distress
 - Suspected child abuse or neglect
 - Imminent harm

Discomfort Versus Distress

Discomfort	Distress
Does not want to participate in an activity	Emotion
Says they do not want to answer a question or discuss a topic	Tearful and/or reports that he/she feels bad or is sad
Says that the information is too personal to discuss	Shows signs of being considerably nervous or anxious

Be Proactive in Providing Referral Information

- Distribute referral information to all teens, regardless of whether they express distress or disclose trauma
- Provide national and local resources
- See Handout: Referral resources for teens



What to Expect, What to Do

- Teens may talk about exposure to trauma all at once or in pieces and “test” your responses.
- Follow school or agency policies and procedures and refer the teen to specialized professionals such as the school counselor, social worker, or psychologist.
 - May be beneficial to establish MOUs with some agencies for these services

Reference: OJJDP. (n.d.). *Trauma-informed care for children exposed to violence: Tips for teachers*. Available at: <http://www.safestartcenter.org/pdf/Tip%20Sheet%20-%20For%20Teachers.pdf>

Provide an Opportunity to Talk

- Provide an opportunity to talk about what youth have witnessed and how they feel in an emotionally safe space, with caring parents or adults who can listen



Reference: OJJDP. (n.d.). *Trauma-informed care for children exposed to violence: Tips for pregnancy prevention programs*. Available at: <http://www.safestartcenter.org/pdf/Tip%20Sheet%20-%20For%20Pregnancy%20Prevention%20Programs.pdf>

Mandatory Reporting

- All states' child welfare systems receive/respond to child abuse/neglect reports and offer services to teens/families.
- State by state information on reporting requirements can be found at http://www.childwelfare.gov/systemwide/laws_policies/state
- It is very important to consider the safety of the teen.
- Reporting is the shared responsibility of everyone with knowledge of the suspected abuse/neglect.
- Notify teens (and parents, if working with them) of this exception to confidentiality before disclosures happen.

Reference: OJJDP. (n.d.). *Trauma-informed care for children exposed to violence: Tips for pregnancy prevention programs*. Available at: <http://www.safestartcenter.org/pdf/Tip%20Sheet%20-%20For%20Pregnancy%20Prevention%20Programs.pdf>

Scenario

- You are delivering an abstinence education program to 7th graders in an afterschool program. During discussion about sexual coercion, a teen blurts out that her friend was raped, everybody at school harassed her, and the friend had to move away and change schools. When the session ends, you ask if the teen can stay afterwards to talk with you. But as you talk with the teen alone after class about this, you learn that this happened to her, not a friend. The teen is angry and confused about what happened. The police investigated, but her family moved away and did not want to press charges, so nothing came of it.
- What is happening here and how would you respond?

Take-Home Summary

- Trauma is prevalent and far-reaching in its effects.
- Abstinence education and healing from trauma are possible for everyone, regardless of how vulnerable they may appear.
- When possible, adapt program delivery, design treatments, services, and/or systems that are appropriate for trauma survivors (while maintaining fidelity of program core components).
- Inform teens (and parents, when working with them) about your obligation to report some incidents.
- Make sure all program delivery staff and supervisors are aware of how to identify and respond to different types of incidents that may occur when working with teens.
- Healing happens within safe, authentic, and positive relationships.

In Crystal's Words

- “The 17 years I had had on this earth were violent and full of pain. I was raped at 4 years old, before I could even write my own name, by some adolescent teenage boy that was a babysitter. I told no one for fear of him coming back. Then less than two years later, my father began sexually abusing me. He stopped when I hit puberty, but the pain lasted much, much longer. My house was an ongoing domestic violence situation, and fear gripped my life. This was the first place I shared any of that. . . .You gave me the opportunity to share my secrets so I could unbury myself from my perpetrators’ lies, and discover the quick-witted, sunshine-beach loving adult that I am today.”

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