

## Developing A Trauma-Informed System of Care for Survivors of Intimate Partner Violence: Identifying Strategies from a Clinical Model

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## Objectives

- Identify best practice models for trauma-informed care implementation.
- Define trauma-informed practices and responses to domestic violence and human trafficking survivors in a clinical setting or shelter program.
- Discuss current trends in research related to trauma-informed services.
- Discuss the importance of integrating knowledge of trauma-informed care when providing services.

## Understanding Trauma



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- 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.

## Traumatic Events

### ABUSE

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

## Traumatic Events

### LOSS

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

## Traumatic Events

### CHRONIC STRESSORS

- Poverty
- Racism
- Invasive Medical Procedure
- Community Trauma
- Historical Trauma
- Family Member with Substance Use Disorder

## Understanding Trauma

- Experiences that cause intense physical and psychological stress reactions
- Can refer to “a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual wellbeing” (SAMHSA, 2012, p. 2).

## 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

## Understanding Trauma



## Adverse Childhood Experiences

- **Adverse Childhood Experiences Survey**  
– Centers for Disease Control and Prevention, 2013
- **Large epidemiological study involving more than 17,000 individuals from United States**
- **Analyzed the long-term effects of childhood and adolescent traumatic experiences on adult health risks, mental health, healthcare costs, and life expectancy.**

## ACES

Adoption of health risk behaviors as coping mechanisms (e.g., eating disorders, smoking, substance abuse, self-harm, sexual promiscuity)

Severe medical conditions (e.g., heart disease, pulmonary disease, liver disease, STIs, gynecologic cancer)

Early death



## Signs of Trauma

Behavioral



## Signs of Trauma

Emotional/Physical

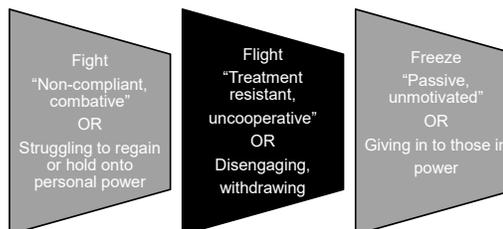


## Psychological

Psychological



## Problems Or Adaptation



## Trauma Informed Care



## Trauma-Informed Workforce

- **The Four R's**
  - Realizes the widespread impact of trauma and understands potential paths for recovery
  - Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
  - Responds by fully integrating knowledge about trauma into policies, procedures, and practices
  - Resists re-traumatization

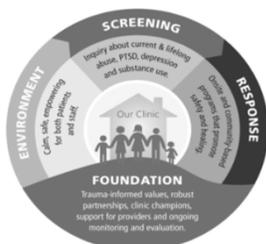
## Why Is It Important?

- To provide effective services we need to understand the life situations that may be contributing to the persons current problems
- Many current problems faced by the people we serve may be related to traumatic life experiences

## Why Is It Important?

- People who have experienced traumatic life events are often very sensitive to situations that remind them of the people, places or things involved in their traumatic event.
- These reminders, also known as triggers, may cause a person to relive the trauma and view our organization as a source of distress and not as a healing and welcoming environment

## TIC Clinics



Machtiger, E.L., Cucca, Y.P., Khanna, N., Dawson Rose, C., & Kimberg, L.S. (2015). From treatment to healing: The promise of trauma-informed primary care. *Women's Health Issues, 25*(3), 193-197.

## SAMHSA's Six Key Principles Of A Trauma-Informed Approach

- **Safety**
- **Trustworthiness and Transparency**
- **Peer Support**
- **Collaboration and Mutuality**
- **Empowerment, Voice, and Choice**
- **Cultural, Historical, and Gender Issues**

### **Safety**

- Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe.

### **Trustworthiness and Transparency**

- Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.

### **Peer Support**

- Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, serving as models of recovery and healing, and maximizing a sense of empowerment.

### **Collaboration and Mutuality**

- Partnering and leveling of power differences between staff and clients and among organizational staff from direct care to administrators; demonstrates that healing happens in relationships, and in the meaningful sharing of power and decision-making. Everyone has a role to play; one does not have to be a therapist to be therapeutic.

### **Empowerment, Voice, and Choice**

- Individuals' strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills developed. The organization fosters a belief in resilience. Clients are supported in developing self-advocacy skill and self-empowerment

### **Cultural, Historical, and Gender Issues**

- The organization actively moves past cultural stereotypes and biases, offers gender-responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

## Screening and Assessment

- **Timing**
  - **Setting**
    - **Clarify expectations**
    - **Approach in matter-of-fact, yet supportive manner**
    - **Respect person space**
    - **Adjust own tone and volume of speech**
    - **Provide culturally appropriate symbols of safety**
- Be aware of own emotional responses
  - Use interpreter as needed
  - Elicit **ONLY** the information necessary
  - Give client personal control
  - Use self-administered screening tools/checklists when possible
  - Be patient
  - Avoid judgmental phrases

## Listen and Inform

- **Listen**
  - **What is the survivor saying to you?**
  - **What is the survivor not saying?**
  - **How is the survivor saying it?**
- **Inform**
  - **What information do you have that may help him/her?**
  - **What will happen next in the process?**
  - **Why is the information important for him/her to have?**
  - **How can your services can help him/her?**

## Preventing Re-traumatization

- **Ways of re-traumatization**
  - **Invasive procedures**
  - **Removal of clothing**
  - **Physical touch**
  - **Personal questions that may be embarrassing/distressing**
  - **Power dynamics of relationship**
  - **Gender of healthcare provider**
  - **Vulnerable physical position**
  - **Loss of and lack of privacy**

## ACES Case Study



## IPV Case Study



## Human Trafficking Case Study



## **Needs**

- **Research**
- **Translation to Practice**
- **Education**
- **Clinic Implementation**