FACING THE FACTS | Trauma: An Introduction

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There has been an increased focus on the impact of trauma and the role that trauma, particularly when experienced in early childhood, has on social, emotional, and physical health. As part of the increased effort to bring awareness and understanding to the work of trauma-informed care, the Family and Children's Trust Fund (FACT) of Virginia has made trauma and trauma-informed care the focus of this issue brief. However, given the complexity of the topic and FACT's focus on family violence across the lifespan, this next brief will be presented as a series.

This first issue provides an overview of the topic and sets the context. The second will focus on childhood trauma, followed by a focus on adult and elder trauma and a wrap-up in the final brief. Each addition in this series will discuss the ways in which trauma may be experienced at different points in the lifespan, how trauma may impact the individual, what some possible social, emotional or physical impacts may be, and some promising interventions and resources.

As the reader, we hope you will take away an increased understanding and awareness of the topic, as well as, increased knowledge about a variety of promising practices being implemented here in the Commonwealth of Virginia.

What is Trauma?

For the purpose of these issue briefs, trauma will be defined very broadly and includes the experience of an injury, witnessing someone experience an injury, facing a threat of injury, or experiencing a violation of your personal integrity.[1,2] Examples include death of a family member, experiencing child abuse, witnessing domestic violence, experiencing elder abuse, war, or school shootings. This can be an acute event, chronic events or a combination.

The National Technical Assistance Center for Children's Mental Health, a component of Georgetown Univeristy, has partnerned with JBS International on the Trauma Informed Care: Perspectives and Resources project. Through this resource, a comprehensive set of definitions have been provided in the box on p. 2.

What is Trauma-Informed Care?

Trauma-informed care is a term that will also be broadly defined and applied across these issue briefs. It refers to understanding the impact that trauma can have and building increased awareness about how to address existing trauma and prevent retraumization.

A trauma-informed approach can speak to specific mental health interventions, evaluation tools and changes made to a system. It can also refer to the dissemination of information or training individuals who work with those who experience trauma. The following issue briefs in this series will further expand upon what it means to be trauma-informed when working with specific populations across the generations.

However, looking broadly, the Substance Abuse and Mental Health Services Administration

Trauma Defined[2]
Definitions provided by the Trauma Informed Care: Perspective and Resources project

Trauma referes to an event that threatens the life or inegrity of the individual or loved one, such as physical abuse, death of a parent, witnessing domestic violence, abandonment, natural disasters, war, community violence, or medical issues.

Traumatic stress is the physical, mental, or emotional impact of the event, which can have serious eff ects on physical and mental health. Traumatic events can be acute, that is short lived, or chronic.

Chronic trauma is a recurring event over a prolonged period.

Complex trauma refers to both the chronic traumatic events and the resulting emotion-al and physical eff ects. It is potentially most harmful because it impairs the individual's ability to develop and maintain relationships, and because it is trauma at the hands of someone whose job is to love and protect rather than cause harm. Complex trauma also includes the combination of diff erent types of traumatic events, for example, witnessing domestic violence, personal experience of physical and emotional abuse, or witnessing community violence.

Toxic stress is the result of repeated exposure to traumatic events, such as child abuse, that activate the body's stress response system.

(SAMHSA)'s definition of a trauma-informed approach provides a great foundation from which to work. According to their framework, in seeking to take a trauma-informed approach, your program, organization or system needs to look at the 4 "Rs":

- **R**ealize the widespread impact of trauma and understand potential paths for recovery;

- **R**ecognize such as supportive caregiver-child interaction, social support; and;

- **R**espond by fully integrating knowledge about trauma into policies, procedures, and practices; and

- Seek to actively **r**esist traumaization."[5]

Why Take a Trauma-Infromed Approach?
Once a trauma-informed approach has been implemented in a child, family or elder serving setting, staff and those they serve often note how intuitive it feels. This is likely due to the fact that, in studies of children coming to the attention of a human service system, 80% have experienced one or more traumatic events.[3] Also, According to the U.S. Department of Health and Human Services' Office on Women's Health, 55% – 99% of women in substance use treatment and 85% – 95% of women in the public mental health system report a history of trauma.[6] This impact is being seen across all systems, in behavioral health, child welfare, juvenile justice, school systems, and other public health or human service settings.[4]

Therefore, taking a truama-informed approach will help to identify and address the underlying cause of the issue or behavior that precipitated the individual to seek or be referred for services. Additionally, a trauma-informed approach can help to prevent re-traumatization.

Conclusion

Trauma and trauma-informed care are terms being used with greater frequency across human service agencies througout the Commonwealth of Virginia. This series of issue briefs seek to provide a foundation for understanding what is meant by these terms and some of the possible impacts and interventions available for children, teens, adults, and elders.

This series also seeks to highlight the myriad of work happening in Virginia to address trauma. Given the diversity across Virginia in population needs, service and resource availability, and stage of progression toward addressing trauma, these briefs will focus upon drawing attention to a wide variety of approaches being taken. Particular attention will be given to information about screening and assessment tools, workforce trainings, promising practices, and interagency partnership examples.

Acknowledgments

ENDNOTES

[1] The National Child Traumatic Stress Network. Defining Trauma and Child Traumatic Stress. Availabline online on April 9, 2016 at: http://nctsnet.org/content/defining-trauma-and-child-traumatic-stress.

[2] Trauma Informed Care: Perspectives and Resources. Understanding the Impact of Trauma. Accessed online on April 9, 2016 at: http://gucchdtacenter.georgetown.edu/TraumaInformedCare/issueBrief1_UnderstandingImpactTrauma.pdf

[3] National Child Traumatic Stress Network. Child and Adolescent Trauma Exposure and Service Use Histories: Highlights from the NCCTS Core Data Set, December 2011. Aceessed online May 10, 2016 at: http://www.nctsn.org/sites/default/fi les/assets/pdfs/policybrief2_highlights_core_data_set.pdf.

[4] Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Accessed online on May 15, 2016 at: http://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf.

[5] Substance Abuse and Mental Health Services Administration: National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint. Trauma-Informed Approach and Trauma-Specifi c Interventions. Accessed online on May 15, 2016 at: http://www.samhsa.gov/nctic/trauma-interventions

[6] National Council for Behavioral Health: Trauma-informed care. Accessed online May 15, 2016 at: http://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/