

# Great Kids Make Great Communities

## Common Language for Trauma

### Trauma Overview

A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.

Traumatic experiences can initiate strong emotions and physical reactions that can persist long after the event. Children may feel terror, helplessness, or fear, as well as physiological reactions such as heart pounding, vomiting, or loss of bowel or bladder control. Children who experience an inability to protect themselves or who lacked protection from others to avoid the consequences of the traumatic experience may also feel overwhelmed by the intensity of physical and emotional responses.

### Examples of Trauma

- a. **Bullying:** Happens in school systems for kids with developmental delays and disabilities, LGBTQ+, as well as those who have a parent/family member die.
- b. **Community Violence:** School/workplace shooting, mass casualty event and gang and other forms of violence against individuals or certain populations.
- c. **Complex Trauma:** Consistent abuse/neglect, chronic stress and physical/social isolation, discrimination/racism, and generational trauma (repeated with children's children).
- d. **Disasters:** Fire, flood, tornado /hurricane, natural and manmade disasters.
- e. **Early Childhood Trauma (0-6 years) & Adverse Childhood Experiences (ACES):** Witnessing or direct experience of any event(s) that threaten the life or physical security of self/loved one, a family member with mental illness or addiction, or the loss of parent/loved one due to separation, divorce, incarceration, or death.
- f. **Intimate Partner Violence (IPV):** Ethnic/select groups are disproportionately affected with access to fewer resources/shelters, and discrimination from law enforcement.
- g. **Medical/Traumatic Stress:** Symptoms could be a traumatic crash to traumatic medical experiences acute/singular to chronic/multiple events. Examples are: severe injury, amputation, shots, treatments with side effects limiting daily activities, to a terminal diagnosis/death.
- h. **Physical Abuse:** Domestic violence, physical bullying, or any attempt to inflict physical pain on another, including corporeal punishment.
- i. **Police Brutality/Systemic Racism/White Supremacy:** Youth of color, in particular black youth, have been experiencing systemic racism for years and now with the current events, there is a need to discuss this topic and make meaningful change.

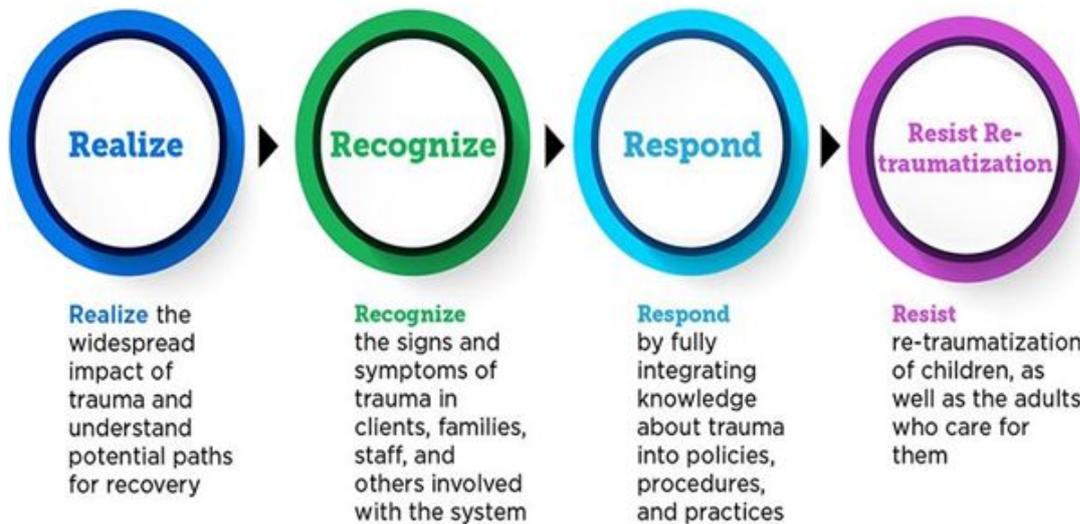
- j. **Refugees/Undocumented Families:** Resulting from forced displacement and often results in chronic stress, living in survival mode, and reduced access to resources/shelters, and discrimination from law enforcement.
- k. **Sexual Abuse/Assault:** Unwanted or coercive sexual contact, exposure to age-inappropriate sexual materials or environments, and sexual exploitation.
- l. **Terrorism/Violence:** Shootings, bombs, or any attacks resulting in injury/death.
- m. **Traumatic Grief:** Death related to homicide, suicide and traumatic/sudden death. This also includes separation from caregivers by incarceration, divorce and relocation as well as death of male family members due to police brutality.

## Trauma Informed Care

Treatment and interventions that are directed with a thorough understanding of the profound Neurological, Biological, Psychological and Social effects of trauma and violence on an individual and with an appreciation for the high incidents of traumatic experiences among people (Murphy & Bennington-Davis 2005). Below are Guiding Principles of Trauma- Informed Care:

1. **Safety:** Throughout the organization, staff and the people they serve feel physically and psychologically safe.
2. **Trustworthiness and transparency:** Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.
3. **Peer support and mutual self-help:** These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.
4. **Collaboration and mutuality:** There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.
5. **Empowerment, voice, and choice:** Throughout the organization and among the clients served, individuals' strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff's, clients', and family members' experience of choice and recognize that every person's experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.
6. **Cultural, historical, and gender issues:** The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

## The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

## Secondary Trauma and Self Care

Words and Actions to Use in the Traumatic Situations- Avoid Retraumatization

Self Care and the Impact of Being Trauma Responsive on Trauma Recovery

[https://secure.in.gov/fssa/dmha/files/TI\\_ROSC\\_Toolkit\\_FINAL.PDF](https://secure.in.gov/fssa/dmha/files/TI_ROSC_Toolkit_FINAL.PDF)

## Resources

NCTSN The National Child Traumatic Stress Network <https://www.nctsn.org/>

**Children & Race: Playlist of 17 videos**

[https://www.youtube.com/watch?v=mKXzxLNnHIY&list=PL3jRE\\_9078IluLX1eJLajXjJymyH\\_EGbw](https://www.youtube.com/watch?v=mKXzxLNnHIY&list=PL3jRE_9078IluLX1eJLajXjJymyH_EGbw)

**This is the Link to the MI ACES video on Resilience**

<https://www.youtube.com/watch?v=XM4o50q8r5g&feature=youtu.be>

**ACES Video- Prevention of ACES (1st of 7 on line training module)**

[https://www.youtube.com/watch?v=GpSC\\_KOYj-Q](https://www.youtube.com/watch?v=GpSC_KOYj-Q)

**ACES- JOY/ Resilience...**

<https://www.youtube.com/watch?v=0yMmJoRxxUY>

SAMHSA -**Spring 2014, Volume 22, Number 2 » Trauma-Informed Care - New Publication »**

Guiding Principles of Trauma-Informed Care <https://www.samhsa.gov/>