



Trauma and Its Impact



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Some people experience very few traumatic events in their lives. Others experience chronic traumatic stress that can potentially have a major impact on how people understand themselves, the world, and others. People who have experienced multiple traumas do not relate to the world in the same way as those who have not. They require services and responses that are uniquely sensitive to their needs.

What makes an experience traumatic?

- The experience involves a threat to one's physical or emotional well-being.
- It is overwhelming.
- It results in intense feelings of fear and lack of control.
- It leaves people feeling helpless.
- It changes the way a person understands themselves, the world and others.

Trauma-awareness

We know people can and do recover from trauma, and we want to provide services and environments that support healing. To be a "trauma-informed" provider is to root your care in an understanding of the impact of trauma and the specific needs of trauma survivors. We want to avoid causing additional harm to those we serve.

Understanding trauma and its impact

Understanding traumatic stress and its impact is essential. Trauma survivors, particularly those who have experienced early childhood trauma/developmental trauma, often develop a set of survival skills that help them to manage past trauma. These survival strategies (like substance misuse, withdrawal, aggression, self-harm, etc.) make sense given what people have experienced. But they can be confusing and frustrating to others and often get in the way of current goals.

Without an understanding of trauma, providers may view those they serve in negative ways. Providers might describe behaviors as "manipulative," "oppositional," or "unmotivated." Yet these behaviors may be better understood as strategies to manage overwhelming feelings and situations. Trauma-informed training can help providers understand these responses and offer trauma-sensitive care.

Adapted from *Trauma-Informed Care 101*, Homelessness Resource Center for Social Innovation
<http://homeless.samhsa.gov/Resource/View.aspx?id=46857&g=ComResPosts&t=423>

Types of Trauma and Violence

Traumatic events impact individuals, families, and communities. They can include:

Sexual Abuse or Assault Sexual abuse or assault includes unwanted or coercive sexual contact, exposure to age-inappropriate sexual material or environments, and sexual exploitation. The Department of Justice's (DOJ) <https://www.justice.gov/ovw> defines sexual assault as "any type of sexual contact or behavior that occurs without the explicit consent of the recipient."

Physical Abuse or Assault Physical abuse or assault is defined as the actual or attempted infliction of physical pain (with or without the use of an object or weapon), including the use of severe corporeal punishment. Federal law defines child abuse as any act, or failure to act, which results in death, serious physical or emotional harm, sexual abuse, or exploitation of a child.

Emotional Abuse or Psychological Maltreatment Emotional abuse and psychological maltreatment are considered acts of commission (other than physical or sexual abuse) against an individual. These kinds of acts, which include verbal abuse, emotional abuse, and excessive demands or expectations, may cause an individual to experience conduct, cognitive, affective, or other mental disturbances. These acts also include acts of omission against a minor such as emotional neglect or intentional social deprivation, which cause, or could cause, a child to experience conduct, cognitive, affective, or other mental disturbances.

Neglect Neglect is the most common form of abuse reported to child welfare authorities. However, it does not occur only with children. It can also happen when a primary caregiver fails to give an adult the care they need, even though the caregiver can afford to, or has the help to do so. Neglect also includes the failure to provide an individual with basic needs such as food, clothing, or shelter. It can also mean not providing medical or mental health treatment or prescribed medicines. Neglect also includes exposing someone to dangerous environments, abandoning a person, or expelling them from home.

Serious Accident, Illness, or Medical Procedure Trauma can occur when a person experiences an unintentional injury or accident, a physical illness, or medical procedures that are extremely painful and/or life threatening.

Victim or Witness to Domestic Violence According to DOJ's Office of Violence Against Women, domestic violence is defined as: "a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone." Domestic violence includes violence and abuse by current or former intimate partners, parents, children, siblings, and other relatives.

Victim or Witness to Community Violence Extreme violence in the community, including exposure to gang-related violence, interracial violence, police and citizen altercations, and other forms of destructive individual and group violence is a recognized form of trauma.

Racial trauma or race-based traumatic stress is the cumulative effects of racism on an individual's mental and physical health.

Historical Trauma Historical trauma is a form of trauma that impacts entire communities. It refers to the cumulative emotional and psychological wounding, as a result of group traumatic

experiences, that is transmitted across generations within a community. Unresolved grief and anger often accompany this trauma and contribute to physical and behavioral health disorders. This type of trauma is often associated with racial and ethnic population groups in the United States who have suffered major intergenerational losses and assaults on their culture and well-being.

School Violence School violence is described as violence that occurs in a school setting and includes, but is not limited to, school shootings, bullying, interpersonal violence among classmates, and student suicide. Youth violence is a serious problem that can have lasting harmful effects on victims and their families, friends, and communities

Bullying Bullying is unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may experience serious, lasting problems. Trauma can be a consequence of bullying, which can lead to mental health issues, substance use, and suicide, particularly if there is a prior history of depression or delinquency.

Natural or Manmade Disasters Trauma can result from a major accident or disaster that is an unintentional result of a manmade or natural event. Disasters can occur naturally (such as tornadoes, hurricanes, earthquakes, floods, wildfires, mudslides, or drought) or be human-caused (such as mass shootings, chemical spills, or terrorist attacks).

Forced Displacement Forced displacement is a traumatic event that occurs when people face political persecution and are forced to relocate to a new home (as an immigrant or through political asylum) or become a refugee.

War, Terrorism, or Political Violence Exposure to acts of war-, terrorism-, or political-related violence such as bombing, shooting, and looting can cause trauma in an individual.

Military Trauma Military trauma refers to both the impact of deployment and trauma-related stress on people who are deployed and their families. Significant numbers of returning service men and women experience mental and/or substance use disorders associated with military trauma and/or military sexual trauma.

Victim or Witness to Extreme Personal or Interpersonal Violence. This type of trauma includes extreme violence by or between individuals including exposure to homicide, suicide, and other extreme events.

Traumatic Grief or Separation Traumatic grief and/or separation may include the death of a parent, primary caretaker, or sibling; abrupt and/or unexpected, accidental, or premature death or homicide of a close friend, family member, or other close relative; abrupt, unexplained and/or indefinite separation from a parent, primary caretaker, or sibling due to uncontrollable circumstances.

System-Induced Trauma and Re-traumatization Many systems that are designed to help individuals and families can actually cause trauma. For example, in child welfare systems, abrupt removal from the home, foster placement, sibling separation, or multiple placements in a short amount of time can retraumatize children. In mental health systems, the use of seclusion and restraint on previously traumatized individuals can revive memories of trauma. Further, invasive medical procedures on a trauma victim can re-induce traumatic reactions.

Adapted from: <https://www.samhsa.gov/trauma-violence/types>

Complex Post Traumatic Stress Disorder (C-PTSD)



Complex Post Traumatic Stress Disorder (C-PTSD) is a condition that results from chronic or long-term exposure to trauma over which a person has little or no control and from which there is little or no hope of escape, such as in cases of:

- Childhood/domestic emotional, physical or sexual abuse
- Repeated violations of personal boundaries
- Long-term objectification
- Exposure to gaslighting/mental abuse and false accusations
- Long-term exposure to inconsistent, push-pull, splitting or alternating raging and hoovering behaviors
- Long-term taking care of mentally ill or chronically sick family members
- Entrapment, kidnapping
- Slavery or enforced labor
- Long term imprisonment and torture
- Long term exposure to crisis conditions

When people have been trapped in a situation over which they had little or no control at the beginning, middle or end, they can carry an intense sense of dread even after that situation is removed. This is because they know how bad things can possibly be. And they know that it could possibly happen again. And they know that if it ever does happen again, it might be worse than before.

The degree of C-PTSD trauma cannot be defined purely in terms of the trauma that a person has experienced. It is important to understand that each person is different and has a different tolerance level to trauma. Therefore, what one person may be able to shake off, another person may not. Therefore, more or less exposure to trauma does not necessarily make the C-PTSD any more or less severe.

People experiencing symptoms of C-PTSD may "stuff" or suppress their emotional reaction to traumatic events without resolution either because they believe each event by itself doesn't seem like such a big deal or because they see no satisfactory resolution opportunity available to them. This suppression of "emotional baggage" can continue for a long time either until a "last straw" event occurs, or a safer emotional environment emerges, and the damn begins to break.

The "Complex" in Complex Post Traumatic Disorder describes how one layer after another of trauma can interact with one another. Sometimes, it is mistakenly assumed that the most recent traumatic event in a person's life is the one that brought them to their knees. However, just addressing that single most-recent event may possibly be an invalidating experience for the C-PTSD sufferer. Therefore, it is important to recognize that those who suffer from C-PTSD may be experiencing feelings from all their traumatic exposure, even as they try to address the most recent traumatic event.

This is what differentiates C-PTSD from the classic PTSD diagnosis – which typically describes an emotional response to a single or to a discrete number of traumatic events.

Difference between C-PTSD & PTSD

Although similar, Complex Post Traumatic Stress Disorder (C-PTSD) differs from the more commonly understood and diagnosed condition Post Traumatic Stress Disorder (PTSD) in causes and symptoms. C-PTSD results more from chronic repetitive stress from which there is little chance of escape. PTSD can result from single events, or short-term exposure to extreme stress or trauma. Therefore, a soldier returning from intense battle may be likely to show PTSD symptoms, but a kidnapped prisoner of war who was held for several years may show additional symptoms of C-PTSD. Similarly, a child who witnesses a friend's death in an accident may exhibit some symptoms of PTSD but a child who grows up in an abusive home may exhibit the additional C-PTSD characteristics shown below.

C-PTSD - What it feels like

People experiencing C-PTSD may feel uncentered and shaky, as if they are likely to have an embarrassing emotional breakdown or burst into tears at any moment. They may feel unloved, or that nothing they can accomplish is ever going to be "good enough" for others.

Sometimes people living with C-PTSD may feel compelled to get away from others and be by themselves, so that no-one will witness what may come next. They may feel afraid to form close friendships to prevent possible loss should another catastrophe strike.

People may feel that everything is just about to go "out the window" and that they will not be able to handle even the simplest task. They may be too distracted by what is going on at home to focus on being successful at school or in the workplace.

C-PTSD characteristics

How it can manifest in a person over time:

- **Rage turned inward** – eating disorders, depression, alcohol/other substance misuse, truancy, dropping out, promiscuity, co-dependence doormat syndrome (choosing poor partners, trying to please someone who can never be pleased, trying to resolve the primal relationship)
- **Rage turned outward** – theft, destruction of property, violence, becoming a control freak
- **Other** – learned hyper vigilance, clouded perception or blinders about others (especially romantic partners), seeks positions of power and/or control, choosing occupations or recreational outlets which may put oneself in physical danger, or choosing to become a "fixer" – therapist, mediator, etc.
- **Avoidance** – the practice of withdrawing from relationships with other people as a defensive measure to reduce the risk of rejection, accountability, criticism or exposure
- **Blaming** – the practice of identifying a person or people responsible for creating a problem, rather than identifying ways of dealing with the problem
- **Catastrophizing** – the habit of automatically assuming a "worst case scenario" and inappropriately characterizing minor or moderate problems or issues as catastrophic events
- **"Control-Me" syndrome** – this describes a tendency to foster relationships with people who have controlling, narcissistic, antisocial or "acting-out" behaviors
- **Denial** – believing or imagining that some painful or traumatic circumstance, event or memory does not exist or did not happen
- **Dependency** – an inappropriate and chronic reliance by an adult individual on another individual for their health, subsistence, decision making or personal and emotional well-being
- **Depression** – when you feel sadder than your circumstances dictate, for longer than your circumstances last, but still can't seem to break out of it
- **Escape to fantasy** – taking an imaginary excursion to a happier, more hopeful place

- ***Fear of abandonment*** – an irrational belief that one is in imminent danger of being personally rejected, discarded or replaced
- ***Relationship hypervigilance*** – maintaining an unhealthy level of interest in the behaviors, comments, thoughts and interests of others.
- ***Identity disturbance*** – a psychological term used to describe a distorted or inconsistent self-view
- ***Learned helplessness*** – when a person begins to believe that they have no control over a situation, even when they do
- ***Low self-esteem*** – a common name for a negatively-distorted self-view which is inconsistent with reality
- ***Panic attacks*** – short intense episodes of fear or anxiety, often accompanied by physical symptoms, such as hyperventilating, shaking, sweating and chills
- ***Perfectionism*** – the maladaptive practice of holding oneself or others to an unrealistic, unattainable or unsustainable standard of organization, order, or accomplishment in one particular area of living, while sometimes neglecting common standards of organization, order or accomplishment in other areas of living
- ***Selective memory and selective amnesia*** – the use of memory, or a lack of memory, which is selective to the point of reinforcing a bias, belief or desired outcome
- ***Self-loathing*** – an extreme hatred of one's own self, actions or one's ethnic or demographic background
- ***Tunnel vision*** – the habit or tendency to only see or focus on a single priority while neglecting or ignoring other important priorities

C-PTSD causes

C-PTSD is caused by a prolonged or sustained exposure to emotional trauma or abuse from which no short-term means of escape is available or apparent to the victim. The precise neurological impact that exists in C-PTSD victims is not well understood.

How providers can help

Little has been done in clinical studies of treatment of C-PTSD. However, in general the following is recommended:

- Removal of and protection from the source of the trauma and/or abuse
- Acknowledgement of the trauma as real, important and undeserved
- Acknowledge that the trauma came from something that was stronger than the victim and therefore could not be avoided
- Acknowledgement of the "complex" nature of C-PTSD – that responses to earlier traumas may have led to decisions that brought on additional, undeserved trauma
- Acknowledgement that recovery from the trauma is not trivial and will require significant time and effort
- Separation of residual problems into those that the individual can resolve (such as personal improvement goals) and those that the person cannot resolve (such as the behavior of a disordered family member)
- Mourning for what has been lost and cannot be recovered
- Identification of what has been lost and can be recovered
- Program of recovery with focus on what can be improved in an individual's life that is under their own control
- Placement in a supportive environment where the victim can discover they are not alone and can receive validation for their successes and support through their struggles.
- As necessary, personal therapy to promote self-discovery.
- As required, prescription of antidepressant medications.

Adapted from <http://outofthefog.website/toolbox-1/2015/11/17/complex-post-traumatic-stress-disorder-c-ptsd>



Ways our services can re-traumatize

- Lack of privacy
- Unwanted physical touch (even when well-intended)
- Personal questions that may be embarrassing/distressing
- Expert-recipient vs. partnering approach
- Only one right way
- Unresolved trauma that's transmitted
- Institutional inequities
- Staff bias – race, ethnicity, gender, sexual identity, class
- Either/or thinking
- Rigid policies and procedures
- Other

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions



How trauma can affect people's engagement in services

- Avoidance due to fear of not being seen, heard, taken seriously, believed
- Fear of placing trust in others, being controlled, exploited, abandoned
- More comfortable with transactional relationships
- Difficulty keeping appointments, following up on referrals, following through with plans (fear, avoidance, impaired memory, poor decision-making)
- Other

Adapted from SAMHSA-HRSA Center for Integrated Health Solutions

Preventing Adverse Childhood Experiences



What are adverse childhood experiences?

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with:

- substance misuse
- mental health problems
- instability due to parental separation or household members being in jail or prison

ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs can also negatively impact education and job opportunities. However, ACEs can be prevented.

How big is the problem?

ACEs are common. About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.

Preventing ACEs could potentially reduce a large number of health conditions. For example, up to 1.9 million cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs.

Some children are at greater risk than others. Women and several racial/ethnic minority groups were at greater risk for having experienced 4 or more types of ACEs.

ACEs are costly. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.

What are the consequences?

ACEs can have lasting, negative effects on health, well-being, and opportunity. These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems, teen pregnancy, involvement in sex trafficking, and a wide range of

chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide.

ACEs and associated conditions, such as living in under-resourced or racially segregated neighborhoods, frequently moving, and experiencing food insecurity, can cause toxic stress (extended or prolonged stress). Toxic stress from ACEs can change brain development and affect such things as attention, decision-making, learning, and response to stress.

Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, jobs, and depression throughout life. These effects can also be passed on to their own children. Some children may face further exposure to toxic stress from historical and ongoing traumas due to systemic racism or the impacts of poverty resulting from limited educational and economic opportunities.

How can we prevent adverse childhood experiences?

ACEs are preventable. Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential. CDC has produced a resource, *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence* to help states and communities take advantage of the best available evidence to prevent ACEs. It features six strategies from the [CDC Technical Packages to Prevent Violence](#).

<https://www.cdc.gov/violenceprevention/aces/fastfact.html>

Signs of Secondary Traumatic Stress

Signs of secondary stress can appear in the emotional, spiritual, interpersonal, and physical areas of one's life. Consider whether you are experiencing any of the warning signals below as a result of your work. You might also ask people close to you for their observations. Sometimes others can see us more clearly than we can see ourselves.

- Social withdrawal
- Low energy, fatigue
- Feelings of being easily overwhelmed
- Pessimistic or cynical outlook on life
- Intrusive work-related thoughts or dreams
- Difficulty keeping appropriate relationship boundaries
- Difficulty setting limits, saying "no"
- Depressed mood

- Lack of motivation
- Increased worry and anxiety
- Emotional numbness
- Feelings that no one understands (or would be able to)
- Loss of interest in sexual activity
- Vague physical aches, pain
- Making poor judgments and decisions
- Feelings of loss of control

- Increased sense of danger or not feeling safe
- Finding your mind wandering at work
- Difficulty making decisions
- Sense of disconnection from loved ones
- Increased feelings of suspiciousness
- Feeling "adrift" spiritually
- Accident-proneness
- Involvement in "risky" activities (e.g. drugs, alcohol, sexual behaviors)
- Increased irritability, agitation

- Feeling "on edge" much of the time
- Feelings of despair
- Wanting to escape, "run away from it all"
- Increased "sick days" from work
- Violating ethical standards
- Reduced work productivity, doing the "bare minimum"
- Decrease in respect for others, increase in blaming
- Increase in obsessive thoughts and/or compulsive behaviors
- Decreased interest in "self-care"

Adapted from Saakvitne, Pearlman, and Traumatic Stress Institute Staff, Transforming the Pain: A Workbook on Vicarious Traumatization, 1996.

Selected Resources: Trauma and Recovery

ACES Connection Resources Center <https://www.acesconnection.com/g/resource-center>

Bassuk, E.L., Olivet, JO, Winn, LP, & Nichols, K. (2014). Safety in Support: An Interactive eBook on Trauma-Informed Care. Available from the ebooks library.

C4 Innovations: The TICOMETER©, a psychometrically-validated instrument that measures the degree to which an organization is engaged in trauma-informed practices
<https://c4innovates.com/training-technical-assistance/trauma-informed-care/ticometer/>

Centers for Disease Control and Prevention
<https://www.cdc.gov/violenceprevention/aces/index.html>

Childhood Trauma: Changing Minds <https://changingmindsnow.org/>. Includes videos:

Herman, J. (1992). Trauma and recovery. New York: Basic Books.

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. The Open Health Services and Policy Journal, 3, 80-100.

National Child Traumatic Stress Network www.nctsn.org

National Council for Behavioral Health. Trauma-Informed Behavioral Health Care Trauma-Informed Care Organizational Self-Assessment <http://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare>

Pinderhughes H, Davis R, Williams M. (2015). Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma. Prevention Institute, Oakland, CA
<https://www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience.pdf>

Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

SAMHSA: A Guide to GPRA Data Collection Using Trauma-informed Interviewing Skills, 2015
<https://www.integration.samhsa.gov/about-us/Trauma-InformedInterviewingManual-508.pdf>

SAMHSA National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint
<http://www.samhsa.gov/nctic>

Step Inside the Circle <https://vimeo.com/398088783?ref=fb-share&fbclid=IwAR0LHH3xl3AztDAI40LwxazwjR5tbiL0H07PPpn-6YSFwQ2I4ZDhPolbhYo>

The Trauma Center at Justice Resource Institute <http://www.traumacenter.org>

Through a Darker Lens: The Trauma of Racism in Communities of Color
<https://www.pathwaysrtc.pdx.edu/pdf/fpS1507.pdf>

van der Kolk, Bessel. (2014). The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. New York: Viking

Selected Online Videos: Trauma and Recovery

What is trauma-informed care? <https://youtu.be/fWken5DsJcw>

Empathy: The Human Connection to Patient Care https://youtu.be/cDDWvj_q-o8

Changing Minds Now <https://changingmindsnow.org/healing>

“Chad” <https://www.youtube.com/watch?v=sFH6GR0ASKg>

“Unique” <https://youtu.be/NRIECTLFhkM>

Toxic stress derails healthy development <https://youtu.be/rVwFkcOZHJw>

Trauma and the Brain https://youtu.be/ZLF_SEy6sdc

Emotional Regulation Techniques for Anxiety, Panic Attacks, Anger and Depression (Jason Halliwell) <https://youtu.be/l6rrcqoKniQ>

Father and Toddler Having Conversation <https://youtu.be/Yn8j4XRxSck>

What Trauma Taught Me About Resilience (Charles Hunt)
https://www.youtube.com/watch?v=3qELiw_1Ddg

Important Facts about Resilience: A Consideration of Research Findings about Resilience and Implications for Assessment and Treatment
https://www.melissainstitute.org/documents/facts_resilience.pdf

Attachment and Resilience – The Power of One (Dr. Erica Liu Wollin)
<https://www.youtube.com/watch?v=C-ZIUtjr8nE>

See No Stranger (Valery Kaur) <https://youtu.be/QKMEqF0OVxs>