Trauma & Community Violence in a Socio-Ecological Model

Co-Presentation

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September 16, 2013

SDSU Child, Family Development 437 – Dr. Jacki Booth
Ecological Model for Addressing Positive Conflict Resolution

Macrosystem
(Ideology, policies, culture)

Exosystem
(Inadequate/inaccessible resources, poverty, other stressors)

School Districts

Microsystem

Families

Child

Schools

Colleges

Family Based Programs
Services for substance abuse and domestic violence

Law Enforcement

Elementary schools
Classroom training on social/emotional development, bullying

Other Prevention Services
Child abuse prevention (home visiting programs), child development education classes

Churches

Middle and High Schools
Education on child development, teen dating violence, conflict resolution and parenting

Community Resource Centers

Collaborative Efforts
(e.g., Domestic Violence Response Team, Fatality Review Team)

Health Care Professionals

Infant/Preschool Programs
Training in infant/toddler social skills

Workplace

Beliefs/Values

Family Courts
Protective Factors for Children

1. Strong supportive relationship with a caring, committed adult
2. Connection with a positive role model or mentor
3. Recognition and nurturance of their strengths and abilities
4. Some sense of control over their own lives
5. A sense of membership in a community larger than themselves, such as their neighborhood or cultural group or peer group
Trauma-Sensitive Schools
Trauma-Informed Classrooms
Compassionate Schools
Safe and Supportive Schools

All different names to describe a movement that’s taking shape and gaining momentum across our Nation. Develop programs and services that help the students learn skills to build resilience, specifically to:

• create social connectedness
• provide concrete support in times of need
• teach social and emotional competence

http://acesconnection.com/video/what-is-trauma-1-min
Trauma Sensitive School in Pulaski, Wisconsin
SYSTEMS IMPACT
Community Violence and Cumulative Trauma

- Poverty
- Child Abuse
- Domestic Violence
- Gang and Gun Violence
- Refugees
- Lack of Access to Physical and Behavioral Healthcare
- Traumas Involving Community Agencies and Systems (e.g., Schools, Child Welfare Services, Law Enforcement, Courts, Immigration)

http://nlyngst.iweb.bsu.edu/edpsy251/courseconcepts/251/bronfenbrenner.html

Trauma & Community Violence  Dana R. Brown  September 16, 2013
Many individuals and families have experienced **Acute, Chronic, Complex, and/or System-Induced Trauma** which create **Toxic-Stress** and impact their well-being and capacity to thrive.
• Identification of behaviors associated with trauma:

Trauma Symptoms - Heightened Arousal

- fears and anxieties
- startles and hypervigilance
- sleeping problems (nightmares)
- overreactivity, anger outbursts, and irritability
- overcontrolling, “grown up”, excessively responsible behaviors

Avoidance (Dissociative and Depressive Symptoms)

- withdrawal, passivity, and non-responsiveness
- emotional numbing
- memory and concentration problems
- denial and somatic complaints
- other depressive symptoms
Understanding trauma effects on learning and behaviors

Trauma effects on children interfere with their development of social-emotional and behavioral skills needed to learn and thrive in the classroom

- Attention and Information Processing
- Executive Functions: Planning and Problem-solving
- Attentiveness to Classroom Tasks
- Emotional Regulation
- Aggression, Impulsivity, and Reactivity

Teachers may describe them as:

- Spacey or zoned out
- Disrespectful or rude
- Lacking intelligence
- “Out of control”
- Anxious
- Annoying
- Aggressive
Neuro-Biological Impact of Trauma

Abstract thought
Concrete Thought
Affiliation
“Attachment”
Sexual Behavior
Emotional Reactivity
Motor Regulation
“Arousal”
Appetite/Satiety
Sleep
Blood Pressure
Heart Rate
Body Temperature

“These images illustrate the negative impact of neglect on the developing brain. In the CT scan on the left is an image from a healthy 3-year-old with an average head size. The image on the right is from a 3-year-old suffering from severe sensory-deprivation neglect. This child’s brain is significantly smaller than average and has abnormal development of cortex.” These images are from studies conducted by a team of researchers from the Child Trauma Academy (www.ChildTrauma.org) led by Bruce D. Perry, M.D., Ph.D. (Reprinted with permission.)
Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often...
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   **Yes No** If yes enter 1 ________

2. Did a parent or other adult in the household often...
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   **Yes No** If yes enter 1 ________

3. Did an adult or person at least 5 years older than you ever...
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to or actually have oral, anal, or vaginal sex with you?
   **Yes No** If yes enter 1 ________

4. Did you often feel that...
   No one in your family loved you or thought you were important or special?
   or
   Your family didn’t look out for each other, feel close to each other, or support each other?
   **Yes No** If yes enter 1 ________

5. Did you often feel that...
   You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   **Yes No** If yes enter 1 ________

6. Were your parents ever separated or divorced?
   **Yes No** If yes enter 1 ________

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   **Yes No** If yes enter 1 ________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   **Yes No** If yes enter 1 ________

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   **Yes No** If yes enter 1 ________

10. Did a household member go to prison?
    **Yes No** If yes enter 1 ________

Now add up your “Yes” answers: ________ This is your ACE Score
# Long-Term Consequences: Adverse Childhood Experiences-ACE Study

## Chronic Disease
- Autoimmune Disease
- Chronic Obstructive Pulmonary Disease
- Frequent Headaches
- Health-Related Quality of Life
- Ischemic Heart Disease
- Liver Disease
- Lung Cancer

## Reproductive Health/Sexual Behavior
- Fetal Death
- Promiscuity
- Sexual Risk Behaviors in Women
- Sexually Transmitted Diseases
- Teen Pregnancy
- Unintended Pregnancy

## Health Risk Behaviors
- Alcohol Abuse
- Drug Abuse
- Obesity
- Smoking

## Special Populations
- Children of Alcoholics
- Child Sexual Abuse Victims

## Mental Health
- Autobiographical Memory Disturbances
- Depression/Depressed Affect
- Hallucinations
- Neurobiology
- Suicidality
- Work Absenteeism

## Victimization and Perpetration
- Intimate Partner Violence

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[See the full article at http://acestudy.org/](http://acestudy.org/)
Cascade of Often Co-Occurring Effects; Societal Response Matters

- Historic Trauma
- Epigenetics; Critical & Sensitive Periods
- Adverse Childhood Experience
- Adverse Peer and Adult Experiences

Intergenerational Transmission
- Psychiatric Disorders
- Early & Problem Alcohol, Tobacco, Drugs
- Relationship Problems
- Crime
- Disability
- Homelessness
- Risky Sex
- Chronic Disease
- Poverty
- Unemployment
- Job Injury
- Social Isolation
- Learning & Memory Problems
- Disregulated Emotion

Adaptation
Key Systems Promote Resilience

COMMUNITY, CULTURE, SPIRITUALITY

ATTACHMENT & BELONGING

CAPABILITY

www.instituteforsafefamilies.org
CAPABILITY
- Intellectual & employable skills
- Self-regulation – self-control, executive function, flexible thinking
- Ability to direct and control attention, emotion, behavior, positive self-view
- Efficacy

ATTACHMENT & BELONGING
- Bonds with parents and/or caregivers
- Positive relationships with competent and nurturing adults
- Friends or romantic partners who provide sense of security/help with emotion coaching
- Social/emotional support

COMMUNITY, CULTURE, SPIRITUALITY
- Faith, hope, meaning
- Engagement with effective organizations – schools, work, pro-social groups
- Network of supports/services & opportunity to help others
- Cultures providing positive standards, expectations, rituals, relationships & supports
Resilience

The natural human capacity to navigate life well.

(HeavyRunner & Marshall, 2003)

RESILIENCE OCCURS AT ALL LEVELS

Individual

Family

Community

National, Global, Ecosystem

www.instituteforsafefamilies.org
SUPPORTING COPING SKILLS

- Principles of Trauma Informed Care Cultural Considerations
Keys to Greater Community Capacity & Efficacy

1. Opportunities for everyone to help – to co-lead
2. Coming together; shared understanding
3. Learning together – reciprocity
4. Results-based decisions

Measures are highly correlated with population-level positive outcomes.

SELF CARE

- Defining self care
- Levels of exposure
  - Primary
  - Secondary
  - Vicarious
  - Compassion fatigue
- Importance of self care
- Modeling self care

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<th>Primary Traumatic Stress</th>
<th>Direct exposure to, or witnessing of, extreme events and one is overwhelmed by the traumatic experience.</th>
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<td>Secondary Traumatic Stress</td>
<td>Direct exposure to extreme events directly experienced by another person, and one is overwhelmed.</td>
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<td>Vicarious Traumatization (VT)</td>
<td>The transmission of traumatic stress by bearing witness (hearing about) survivor’s stories of traumatic events (McCann &amp; Pearlman, 1990).</td>
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<td>Compassion Fatigue</td>
<td>....the cumulative effect of: primary, secondary, and vicarious trauma. Compassion fatigue symptoms are normal displays of chronic stress resulting from care giving work. Day in and day out, workers struggle to function in caregiving environments that constantly present heart wrenching, emotional challenges.</td>
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Self-Assessment Tool: Self Care

(Adapted from Saakvitne & Pearlman & TSI Staff, Transforming the Pain: A Workbook on Vicarious Traumatization, 1996).

How often do you do the following?

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<th>Frequency</th>
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Physical Self Care

- Eat regularly (e.g. breakfast & lunch)
- Eat healthfully
- Exercise, or go to the gym
- Lift weights
- Practice martial arts
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when you're sick
- Get massages or other body work
- Do physical activity that is fun for you
- Take time to be sexual - with yourself, with a partner
- Get enough sleep
Wear clothes you like
Take vacations
Take day trips, or mini-vacations
Get away from stressful technology such as pagers, faxes, telephones, e-mail
Other:

Psychological Self Care

Make time for self-reflection
Go to see a psychotherapist or counselor for yourself
Write in a journal
Read literature unrelated to work
Do something at which you are a beginner
Take a step to decrease stress in your life
Notice your inner experience - your dreams, thoughts, imagery, feelings
Let others know different aspects of you
Engage your intelligence in a new area - go to an art museum, performance, sports event, exhibit, or other cultural event
Practice receiving from others
Be curious
Say no to extra responsibilities sometimes
Spend time outdoors
Other:

Emotional Self Care

Spend time with others whose company you enjoy
Stay in contact with important people in your life
### Physical Self Care

- Treat yourself kindly (supportive inner dialogue or self-talk)
- Feel proud of yourself
- Reread favorite books, review favorite movies
- Identify comforting activities, objects, people, relationships, places - and seek them out
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in a constructive way
- Play with children
- Other:

### Spiritual Self Care

- Make time for prayer, meditation, reflection
- Spend time in nature
- Participate in a spiritual gathering, community or group
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nontangible (nonmaterial) aspects of life
- Be open to mystery, not knowing
- Identify what is meaningful to you and notice its place in your life
- Sing
- Express gratitude
- Celebrate milestones with rituals that are meaningful to you
- Remember and memorialize loved ones who are dead
- Nurture others
- Have awful experiences
### Ways to Care for Yourself

- Contribute to or participate in causes you believe in
- Read inspirational literature
- Listen to inspiring music
- Other: ____________________

### Workplace/Professional Self-Care

- Take time to eat lunch
- Take time to chat with co-workers
- Make time to complete tasks
- Identify projects or tasks that are exciting, growth-promoting, and rewarding for you
- Set limits with clients and colleagues
- Balance your caseload so no one day is “too much!”
- Arrange your workspace so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs (benefits, pay raise)
- Have a peer support group
- Develop a non-trauma area of professional competence
- Other: ____________________
Feeling Empathy for our Students and their Families

If We Could See Inside Others’ Heart

http://www.youtube.com/watch?v=Wl2_knlv_xw

Cleveland Clinic  (4.45 minute video)
By Everyone Matters

Everyone Matters is a big-tent awareness and call-to-action campaign involving leading organizations and celebrities - and all of us! - with a collective message to judge others less, see the humanity in everyone, and emphasize that everyone has the right to be exactly who they are.

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