

# HEALING TOGETHER: COMMUNITY-LEVEL TRAUMA ITS CAUSES, CONSEQUENCES AND SOLUTIONS



## IN BRIEF I:

### INTRODUCTION TO “TRAUMA-INFORMED” CARE: IMPORTANT COMPONENTS AND KEY RESOURCES

*“The overtly simplistic explanations of human behavior that guide so many organizational and political decisions regularly fail to take into account one of the most important determining factors in human experience – the presence throughout human history of exposure to overwhelming, repetitive, multigenerational traumatic experiences and the potentially negative impact of those experiences on individual, group and political processes.”*

*Bloom, 2006, p. 1.<sup>1</sup>*

**T**raumatic experiences and high levels of “toxic stress,” can change the course of a life. If untreated, trauma can interfere with an individual’s emotional well-being, physical and cognitive health and interpersonal relationships. Ultimately, it can change the way individuals view the world and the systems of care around them.<sup>2</sup> Traumatic and adverse experiences, whether chronic or in isolation, generally occur in the context of community. They happen in people’s homes, at their jobs and in their neighborhoods and schools. Both individuals and communities can experience trauma, through neighborhood violence, pervasive poverty and shared experience of oppression, racial discrimination and injustice.<sup>3</sup>

Understanding the causes of community-level trauma, its consequences for health and well-being, and strategies for community healing are imperative for promotion of commu-

nity revitalization. It has been shown that interventions at an individual level can help reduce trauma-related symptoms such as anxiety, depression and PTSD; however, new methods are being sought to address trauma at a community level. Community leaders are advocating for a new approach: trauma-informed care. Nationwide there has been a movement toward trauma-informed care practices in schools, criminal justice and health care settings, and within community organizations. This new paradigm has two main goals:

- to prevent and discourage the replication and reenactment of dysfunction related to complex multigenerational trauma, for both individuals and communities and
- to improve the quality of life for communities through a more comprehensive understandings of human experience and behavior.

#### ABOUT THIS SERIES

The Fourth Annual Social Determinants of Health Symposium, “Healing Together: Community-Level Trauma – Its Causes, Consequences and Solutions,” will be held on **April 20, 2015**. This symposium will bring together professionals, community leaders and experts to discuss efforts to support Baltimore in becoming a “trauma-informed” city. In preparation for this conference the Johns Hopkins Urban Health Institute has developed a series of briefs on trauma-informed care.

Briefs to be published prior to the symposium include:

**Brief 1:** Introduction to “Trauma-Informed” Care: Important Components and Key Resources

**Brief 2:** Creating a Trauma-Informed Criminal Justice System: Success Stories, Challenges and Potential Solutions

**Brief 3:** Trauma-Informed Schools

**Brief 4:** Trauma-Informed Health Services

To register for the symposium - please visit [www.urbanhealth.jhu.edu/SDH2015](http://www.urbanhealth.jhu.edu/SDH2015)

## BRIEF 1:

- Present overview of the negative consequences of trauma for both individuals and communities.
- Discuss the prevalence of trauma in the United States and, more specifically, within the city of Baltimore.
- Define what is meant by trauma-informed care and list key components.
- Provide a “tool-kit” of resources on trauma-informed care.

### Consequences for Individuals / Communities

Trauma exposure is related to health risk behaviors, including neurobiological deficits such as PTSD, depression, anxiety, panic reactions, sleep problems and dissociation. In addition, people can develop risky behaviors to deal with the pain of trauma, including drug abuse, physical inactivity, repetition of original trauma and perpetuation of interpersonal violence. Unaddressed, this can lead to serious social issues, including long-term use of multiple human service systems, intergenerational trauma, delinquency, violence and criminal activity.<sup>2,4</sup> Reoccurring trauma and prolonged stress can interfere with the brain’s ability to function in stressful situations. Vicky Kelly in a recent Ted Talk eloquently describes this process as “a hostile takeover of the conscious mind by powerful negative emotions.”<sup>5</sup> A traumatized mind can lead individuals to perceive threat when there is none, and for some this can mean a “fight, flight or freeze” reaction.<sup>6</sup> This reaction to trauma can lead to confrontation both within service settings and out in the community. It can even interfere with the way people approach potentially helpful relationships, such as those offered in the service context.<sup>7</sup>

It is important to recognize that how individuals experience trauma and respond to it will vary, based on their personal characteristics, history and environment. Trauma does not occur in a vacuum. It occurs both within communities and to communities.

### Prevalence of Trauma in the US

We know that trauma is pervasive in the United States. Recent studies show that approximately 89% of adults in the United States have experienced 1 or more DSM-5 criterion-level traumatic events in their lifetime. These events include experiences such as “witnessing dead bodies unexpectedly,” or the “death of a family/close friend due to violence/accident/disaster”.<sup>8</sup> In addition, it has been estimated that 48% of children in the United States have faced one of nine classified adverse childhood experiences such as “extreme economic hardship” and “witnessing or [being the] victim of neighborhood violence”.<sup>9</sup> This reality quickly becomes a public health problem in urban communities, because high rates of lifetime trauma for both adults and children are linked to problematic behaviors, as well as psychiatric and chronic physical illness.<sup>3</sup>

### Baltimore City at a Glance: Trauma in Our Neighborhoods

According to the U.S. Census Bureau, 23.8% of the 622,104 residents in Baltimore City between the years 2009-2013 were living below the national poverty level.<sup>10</sup> This statistic is 14% higher than the 9.8% of individuals estimated to be living below the poverty level in the state of Maryland during the same period. Not only does this city have high levels of poverty, but it also is known for its notoriously high crime rates. Depending on where you live in Baltimore, you will live a very different existence from neighbors only a few miles or blocks away.

As suggested by Figure 1, if you live in the Northeastern District of Baltimore City, you will be more than twice as likely to witness a violent crime as those who live in the Western District.<sup>11</sup> These traumatic environments can be toxic for both communities and individuals.

Trauma also affects children. According to the data, Baltimore City youth are not spared from this hardship. In fact, according to data

*“Communities as a whole can also experience trauma. Just as with the trauma of an individual or family, a community may be subjected to a community-threatening event, have a shared experience of the event, and have an adverse, prolonged effect.”*

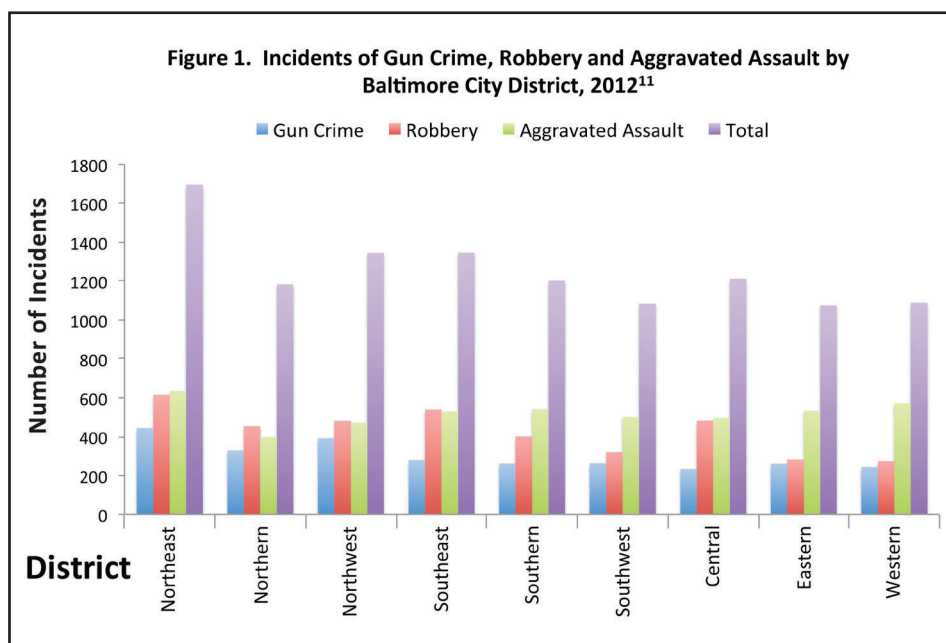
*Bloom, 2006, p. 17.<sup>1</sup>*

provided by the Adverse Childhood Experiences (ACES) and the National Survey of Children's Health 2011-2012, 30.7% of children in Baltimore City have experienced more than 2 adverse childhood experiences. This is much higher than the state of Maryland at 19.4%, and nationally at 22.6%.<sup>12</sup>

## Mobilizing Baltimore City: Promoting Connectedness through Trauma-Informed Care

Through trauma-informed care it is possible to minimize community-level trauma, while simultaneously promoting community resilience. Baltimore can mobilize residents to work together for safer, healthier and more productive communities and stop re-traumatization through inadequate services. So what exactly is trauma-informed care, and how can Baltimore City provide it?

There are many different ways to describe the key components of trauma-informed care; however, the Substance Abuse and Mental Health



Services Administration (SAMHSA)<sup>2</sup> considers a trauma-informed care model to be “a program, organization, or system **that realizes the wide-spread 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; and **responds by fully integrating knowledge** about trauma into policies,

procedures, and practices, and seeks to **actively resist re-traumatization**.”<sup>2</sup>

This model recognizes not only the impact that trauma has on individuals receiving services, but also the effect that it has on the individuals who are providing services. This is a critical distinction.

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## Where Should A Trauma-Informed Care Model Be Implemented?

- Criminal Justice Settings: Police Departments/ First Responders, Courtrooms, Probation Officers, Referral Services, Jails, Detention Centers
- Schools
- Health Service Settings - Pediatric and Adult Primary Care, Community Health Centers, Hospitals and Emergency Room Departments
- Mental Health Treatment Centers
- Community Organizations

According to SAMHSA<sup>3</sup>, a trauma-informed approach should include **six key principles**:

1. **Safety** — Both staff and the people they serve should feel physically and psychologically safe.

2. **Trustworthiness and Transparency-Organizational decisions** are conducted with transparency to build and maintain trust.

3. **Peer Support** — Peer support should be used as a vehicle to promote recovery and healing.

4. **Collaboration and Mutuality** — Importance is placed on partnering with all staff and clients. An effort should be made to break down power dynamics.

5. **Empowerment, Voice and Choice** — Individual strengths and experiences are recognized and built upon to heal and promote recovery.

6. **Cultural, Historical, and Gender Issues** — The organization incorporates policies, protocols, and processes that are responsive to the racial, ethnic and gender specific needs of the individuals served, while recognizing and addressing historical trauma.

## TOOLKIT FOR DETERMINING WHETHER A FACILITY / ORGANIZATION IS “TRAUMA-INFORMED”

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