Declaration of Trauma Informed Care

Sheffield Place recognizes the following about homelessness and the families we serve.

1. Homelessness is a traumatic experience.

   "Trauma – physical, sexual and emotional – is both a cause and a consequence of homelessness." (Trauma & Homelessness, 1999) "… it may be argued that negative life events occurring in the context of homelessness, as well as the condition of homelessness itself, in fact constitute traumatic events." (Trauma, Depression, Coping, and Mental Health Service Seeking Among Impoverished Women, 2005)

2. Homelessness is a risk factor for emotional disorder due to the experience of chronic and complex trauma.

   "First, the event of becoming homeless – of losing one's home, neighbors, routines, accustomed social roles, and possible even family members – may itself produce symptoms of psychological trauma in some victims. Second, among those who are not psychologically traumatized by becoming homeless, the ongoing condition of homelessness – living in shelters with such attendant stressors as the possible loss of safety, predictability, and control – may undermine and finally erode coping capabilities and precipitate symptoms of psychological trauma. Third, if becoming homeless and living in shelters fail to produce psychological trauma, homelessness may exacerbate symptoms of psychological trauma among people who have histories of victimization. For these people, homelessness may constitute a formidable barrier to recovery." (Homelessness as Psychological Trauma: Broadening Perspectives, 1991)

3. Violence is pervasive in the lives of homeless women.

   "A staggering 92% of homeless women experienced severe physical and/or sexual assault at some point in their lives. For many homeless women, abuse started at an early age. Over 66% of these women experienced severe physical violence by a caretaker and 43% had been sexually molested during their childhood. In fact, 60% of homeless women had been abused by the age of 12. Abuse often continues into adulthood. 63% of homeless women have been victims of intimate partner violence and 32% are current or recent victims of domestic violence." (Violence in the Lives of Homeless Women, The National Center on Family Homelessness)

4. Trauma, left untreated, can devastate both the individual and our community.

   The financial burden to society of undiagnosed and untreated trauma is staggering. Untreated trauma significantly increases the use of and further strains the financial resources of health care and behavioral health services, decreases productivity in the workplace, increases reliance on public welfare, and increases incarceration rates. The economic costs of untreated trauma-related alcohol and drug abuse alone were estimated at $160.7 billion in 2000. (The Economic Costs of Drug Abuse in the United States, 1992-1998). The estimated cost to society of child abuse and neglect is $94 billion per year, or $258 million per day. (Prevent Child Abuse America, 2001). For child abuse survivors, long-term psychiatric and medical health care costs are estimated at $100 billion per year. (Total estimated cost of child abuse and neglect in the United States: Statistical evidence, Ross Institute).

In light of our knowledge of homelessness and trauma, Sheffield Place is committed to accomplishing its mission, vision, values, and goals utilizing the trauma informed care model of service delivery. We believe.

1. Providing a safe environment is a priority. We utilize universal precautions to ensure that we do not bring harm to any Sheffield Place client, employee, or volunteer. Universal precautions presumes that everyone has a history of trauma and the lack of safety is a major concern. At Sheffield Place, we encourage everyone to approach each other with an understanding that many of the behaviors we experience may be directly related to a history of trauma. Retraumatization must be avoided if we seek to help our clients heal from trauma and become self-sufficient.

2. Recovery is possible for everyone. Sheffield Place defines recovery in the broadest sense to include mental illness, substance abuse, and the impact of trauma. We believe that all individuals can reach their fullest potential. Research suggests that negative psychological responses to traumatic events can be prevented or mitigated by a supportive and empowering posttrauma environment. (Homelessness as psychological trauma: Broadening perspectives, 1991)

3. Trauma Informed Care defines the culture of Sheffield Place. We continually evaluate organizational policies, practices, and environments to ensure that we utilize trauma informed principals at all levels of the organization.

4. Trauma informed organizations are dynamic. Sheffield Place makes modifications to address individual needs based on an understanding that clients have developed coping skills to manage their traumatic experiences. "Each woman affected by trauma is unique, displaying her own set of strengths and needs. Most exhibit remarkable resilience, but the effects of violence – especially when it is repeated – can appear in areas directly related to abuse and in areas that appear initially to be unrelated." (Using trauma theory to design service systems, New directions in mental health services, 2001). Though many women display incredible strength, the coping strategies used for immediate survival in dangerous situations are often less effective in the long term and may even appear to others as inappropriate. (Creating Trauma Services for Women with Co-Occurring Disorders, 2003: Multiple citations, see Reference page for detail).

5. Each person is recognized as an expert. As a result, we utilize a strengths-based approach that emphasizes a collaborative working relationship.

6. A healthy organization values the contributions of all its members (clients, staff, and volunteers). When possible, power is shared.

Glossary of Terms

Adverse Childhood Experience (ACE) – Adverse Childhood Experiences are recurrent and severe physical abuse, recurrent and severe emotional abuse, and sexual abuse in childhood along with exposure to other traumatic stressors such as growing up in a household with an alcohol or drug user, someone being imprisoned by another, a mentally ill, chronically depressed, or institutionalized member, Mother being treated violently, and absent parents. The ACE Study findings (Felitti et al, 1998) suggest that these experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

Co-occurring Disorder – The term co-occurring disorders (COD) refers to co-occurring substance-related and mental disorders. Clients said to have COD have one or more substance-related disorders as well as one or more mental disorders.

Psychological trauma **- T**he cluster of symptoms, adaptations, and reactions that interfere with the functioning of an individual who has extreme suffering (including neglect and deprivation), as a result of severe physical abuse and injury, sexual abuse and/or exploitation, witnessing or surviving severe community or domestic violence (including accidents, natural or human-caused disasters). This includes effects of mistreatment, abuse, neglect, or coercive interventions in the broad context of health services (e.g., outpatient, hospital, residential, employment, or criminal justice settings).

Strengths-based – Building on an individual or family's existing competencies and resources. We use a person's strengths to resolve problems or accomplish goals.

Trauma – Judith Herman, MD, author of Trauma and Recovery (1992) provides one definition of trauma that has been used to guide many programs in developing an organizational philosophy. She states that traumatic events: (1) render victims helpless by overwhelming force; (2) involve threats to life or bodily integrity, or close personal encounter with violence and death; (3) disrupt a sense of control, connection and meaning; (4) confront human beings with the extremities of helplessness and terror; and (5) evoke the responses of catastrophe.

Examples of traumatic events include but are not limited to: childhood physical and/or sexual abuse, neglect, adult sexual assault/rape, physical assault, domestic violence, witnessing violence, war related displacement, internment, such as refugee and concentration camps, being subject to natural disasters, loss, life-threatening medical complications, unexpected death of family, children, friends, comrades, etc.

Traumatic Event - The American Psychiatric Association's Diagnostic and Statistical Manual (DSM-IV) defines a "traumatic event" as one in which a person experiences, witnesses, or is confronted with actual or threatened death or serious injury, or threat to the physical integrity of oneself or others. A person's response to trauma often includes intense fear, helplessness, or horror. (American Psychiatric Association, 2000) Diagnostic and statistical manual of mental disorders (DSM IV-TR), fourth edition. Washington, DC: APA.)

Trauma Informed Care – This approach demonstrates an appreciation for the high prevalence of traumatic experiences in persons who receive services and a thorough understanding of the profound neurological, biological, psychological, and social effects of trauma and violence on

the individual. (Jennings, 2004). There are two key principles for Trauma Informed Care systems. They are …

- informed by research and evidence of effective practice; and
- recognize that coercive interventions cause traumatization and re-traumatization and are to be avoided.

Trauma-informed services assume that people are doing the best they can at any given time to cope with the life-altering and frequently catastrophic effects of trauma. Because childhood and adult victimization can lead to disconnection with self and isolation from others, the challenge is to develop services and systems that create authentic reconnection, reparation, and healing. In trauma-informed services and systems, all staff members - from grounds-keepers, to maintenance staff to administrators - are trained to respond to individuals in distress. (Fallot & Harris, 2002; Ford, 2003; Najavits, 2003; Institute of Medicine)

Trauma Specific Interventions – Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing. Treatment programs generally recognize the survivor's need to be respected, informed, connected, and hopeful regarding their own recovery; the interrelation between trauma and symptoms of trauma (e.g. substance abuse, eating disorders, depression, anxiety, etc.); and the need to work in a collaborative way with survivors (and also with family and friends of the survivor) and with other human services agencies in a manner that will empower survivors and consumers. (SAMHSA, http://mentalhealth.samhsa.gov/nctic/trauma.asp). Sheffield Place utilizes the following trauma specific interventions: Trauma-Focused Cognitive Behavioral Therapy (TFCBT), Parent Child Interaction Therapy (PCIT), and Seeking Safety.

Universal Precautions – "We need to presume the clients we serve have a history of traumatic stress and exercise "universal precautions." (Hodas, 2004). Universal Precaution is a tool that encourages staff, board, and volunteers to approach all clients and each other with an understanding that many behaviors may originate from a trauma history. Some examples of Universal Precaution tools include the assumption of trauma history, creating safety, being calm and deliberate, building skills and self-esteem, being present in the here and now, offering support and compassion, modeling responsible behavior, encourage participation / collaboration, being aware of physical triggers and personal space, avoiding the tendency to blame the victim, and being transparent.

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