What is Trauma???
Trauma

Definitions:

- Trauma results from event/circumstances experienced as physically or emotionally harmful or threatening with lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being*

- Historical trauma - cumulative emotional and psychological wounding from massive group trauma across generations, including lifespan

- Historical Trauma response (HTR) is a constellation of features in reaction to massive group trauma, includes historical unresolved grief

*(substance abuse and mental health services administration. Trauma-informed care in Behavioral Health Services. series 57.HHS Publication No. SMA13-4801)
• Any physical damage to the body caused by violence or accident such as a fracture, open wound ect.

• An emotional wound or shock producing fear and panic resulting in short term imbalance but may often have long-lasting effects that impairs normal functioning

The National Child Traumatic Stress Network
What Makes an Event Traumatic?

1. Sudden, unexpected, and extreme
2. Usually involve physical harm or perceived life threat (research shows the perception of "life threats" are powerful predictors of the impact of trauma)
3. People experience these events as out of their control.
4. Certain stages of life make people vulnerable to the effects of trauma including childhood, teens, and early twenties.
Some Examples of Traumatic Events in Indian Country

Trauma is experienced in Indian country by:

- single event (car accident, death, natural or man made)
- intergenerational parental trauma traced back to legacy of negative boarding school experiences.
- Constant trauma exposure related to deaths from alcohol-related incidents, suicides, heart disease, diabetes, cancer, etc.
- American Indians have the highest rate of military enlistment than any other ethnic group, extending more traumatic exposure to native families.
1 in 4 children and adolescents in the U.S. experiences at least one potentially traumatic event before the age of 16.

29% of adolescents—nearly 1 in 3—have experimented with illegal drugs by the time they complete 8th grade, 41% have consumed alcohol.

In surveys of adolescents receiving treatment for substance abuse, more than 70% of patients had a history of trauma exposure.
Children & Trauma

A traumatic event can effect the way children view self, the world around them, and thier future.

A child who is traumatized may not be able to trust others, may not feel safe, and may have difficulty handling life changes.
Child Traumatic Stress

Physical and emotional response a child has to events that pose a threat to the child or someone important to them.

When a child experiences trauma, the child may be unable to cope, have feelings of terror and powerlessness and experience physiological arousal they can't control.
Types of Trauma

Chronic Trauma

Complex Trauma

Scenario
"Hey, I'm Bryce"

"I am nine years old. I just came to live with my grandma because my mom's boyfriend has been hitting her and then he got really mad one day and hit me in the face and I couldn't open my eye. I miss my mom and I am worried about her- she's all I have, my dad died when I was 5 from drinking."
Bryce's Grandma

Reports that Bryce is having nightmares and is very "jumpy". He scares easily at loud noises. Bryce is sometimes withdrawn and will not talk and he has had a few anger outbursts.

Reasons behind Bryce's behavior
Chronic Trauma & Complex Trauma

Bryce has experienced multiple traumatic events (chronic trauma) such as the death of his father, witnessing family violence, physical abuse by mom's boyfriend, and separation from his primary caregiver and these events are having an impact on Bryce's functioning and sense of safety (complex trauma)
Chronic Trauma & DV

Domestic violence is an ongoing traumatic experience for all members of the family.

While physical abuse may be episodic and/or infrequent, the other forms of abuse are on-going and complicate the survivor's experience of trauma.

The perpetrator of the traumatic experiences is a loved one, survivors are interacting with survivors on a daily and regular basis.

Experiencing "triggers" that re-awaken traumatic responses.
Other Sources of Stress

The clients you may serve may also face other stressors in their life such as:
- Poverty
- Discrimination
- Separation from caregivers and family members
- Frequent placements (moving around often)
- Problems at school and place of employment
- also, immigration issues
- NOW, the current Pandemic, result in job loss, food insecurity, virtual learning, limited resources, stuck at home with perpetrator, fear.
Suicide

American Indian / Alaskan Native National Statistics

Substance Abuse

Poverty

Developmental Disabilities

Domestic Violence
Poverty statistics

AI/AN single-mother homes 50% living below poverty

AI/AN single-fathers homes are 32% living below poverty level

AI/AN of two-parent homes, 18.5% live below poverty level
and Academic Achievement...

- (FAS) Fetal Alcohol Spectrum Disorders among AI/AN population indicate some of the highest rates at 1.5 to 2.5 per 1,000 births
- Highest dropout rates of any ethnic group at 36% as well as lowest highschool completion and college attendance

clark & Witko, 2006
Domestic violence, sexual violence, MMIW, Sex-Trafficking stats in Indian Country

- 4 in 5 native women (84%) will experience violence in their lifetime
- Of that 84%, 56% of those violent experiences are sexual and 55% are physical.
- 60% of Native youth have been recently exposed to violence at home, school, and within their community.
- Native youth exposed to violence at home are 75% more likely to become perpetrators of violence or victims.
- Violence accounts for 75% of deaths for native youth, 12-20 years of age.
- Our LGBTQ relatives experience violence at 2.5 times higher rates, 64% transgender experienced sexual assault within their lifetime.
- 55% of transgender individuals were harassed when seeking shelter services.
- 40% of individuals involved in sex-trafficking identified themselves as AI/AN or First Nation.
- 79% of native victims reported being sexually abused as children by an average of four perpetrators.
- Native Women are murdered and sexually assaulted at rates 10 x the average compared to other ethnic groups.
Substance Abuse stats in Indian country

- Nearly 25% of Native Americans report binge drinking in the past month.
- Native Americans are more likely to report drug abuse in the past month (17.4%) or year (28.5%) than any other ethnic group.
- In 2013, among persons aged 12 or older, the rate of substance dependence or abuse was higher among American Indians or Alaska Natives (AI/AN) than any other population group.
- In 2013, 38.7 percent of Native adolescents aged 12 to 17 years had a lifetime prevalence of illicit drug use.
- Compared with the national average for adolescents aged 12 to 17, Native adolescents had the highest rates of lifetime tobacco product use, marijuana use, nonmedical use of pain relievers, and nonmedical use of prescription-type psychotherapeutics.
- From 2003-2011, AI/AN were more likely to need alcohol or illicit drug use treatment than persons of other groups by age, gender, poverty level, and rural/urban residence.
- In 2012, almost 69 percent of Native youth aged 15 to 24 who were admitted to a substance abuse treatment facility reported alcohol as a substance of abuse compared to 45 percent for non-AI/AN admissions.
- Among other issues, underage drinking increases the risk of suicide and homicide, physical and sexual assault, use and misuse of other drugs, and is a risk factor for heavy drinking later in life.

SAMHSA American Indian/Alaska Native Data
Suicide stats in Indian Country

- Native communities experience higher rates of suicide compared to all other racial and ethnic groups in the U.S.
- Suicide is the eighth leading cause of death for American Indians and Alaska Natives across all ages.
- Native youth ages 10 to 24, suicide is the second leading cause of death; and the Native youth suicide rate is 2.5 times higher than the overall national average, making these rates the highest across all ethnic and racial groups.

https://www.nicoa.org/national-american-indian-and-alaska-native-hope-for-life-day/
Trauma-Informed Care Advocacy Training in Tribal Communities

What is Trauma?

What is being Trauma Informed

Strategies to help survivors

Tiffany Jiron-Advocate Coordinator CSVANW 11/4/2020
Trauma Informed Care?

What is it?

FIGHT, FLIGHT, FREEZE

Why is Trauma-Informed Care Important?
"Trauma Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma...that emphasizes physical, psychological, and emotional safety for both providers and survivors...and that creates opportunities for survivors to rebuild a sense of control and empowerment"

-Hopper, Bassuk & Olivet, 2010, pg 82)
Our bodies reaction!
Being trauma-informed will positively impact your services to survivors

Approach- Requires a paradigm shift from the Question: "What is wrong with you? to" What happened to you?"

Respect- Is what I am doing respectful and trauma-informed? Am I treating others the way I want to be treated?

Reduce Re-traumatizing- One of the most important things we can do as providers is avoid re-traumatizing those we serve.

Awareness of Victim blaming and shaming-Never tell your client "maybe if you listened to him, it wouldn't have happened." Do not judge
Empowerment & Resilience

Feeling safe
Feeling Grounded
Finding Resources
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STRATEGIES

Trauma Informed Care Lens

Healing for survivors and caregivers

How do we build Resilience

REALIZE

THE 4 R'S

RESPONDE

RESIST RE-TRAUMATIZATION

THE SIGNS

Do's and Don't

What difference does it make?
SIGN & SYMPTOMS

- Shock, denial, or disbelief.
- Confusion, difficulty concentrating.
- Anger, irritability, mood swings.
- Anxiety and fear.
- Guilt, shame, self-blame.
- Withdrawing from others.
- Feeling sad or hopeless.
- Feeling disconnected or numb.

- Intrusive thoughts of the event that may occur out of the blue.
- Nightmares.
- Visual images of the event.
- Loss of memory and concentration abilities.
- Disorientation.
- Confusion.
- Mood swings.
**Do's and Don't**

**Do's**
- use term survivor instead of victim
- Validate emotions
- Be patient (this is hard survivors may cancel sessions)
- Recognize your own body (body language)
- Meet the client where they are at (right-side to right side communication) (emotional reactions)
- Be aware of trauma symptoms
- use grounding exercises
- Culturally aware

**Don't**
Please avoid

- Questioning survivor in front of abuser (put survivor on the spot is dangerous)
- Recommend couples counseling (does not work in domestic violence relationships)
- Give ultimatums (i.e. I can't help unless you leave him) (taking away survivors power)
- Force medication
- Never blame survivor
IT MAKES ALL THE DIFFERENCE

FOR THE SURVIVOR AND THE ADVOCATE
Improved satisfaction with care or services
Improved Workplace Wellness

- Sense of confidence, satisfaction with work
- Reduced burnout, stress (absenteeism, turnover)
- Improved organizational climate

Because staff are integrating knowledge about Trauma into policies, procedures, and practices
Resilience

We are not born with it, it is a combination of protective factors that enable people to adapt in the face of serious hardship, and is essential to ensuring that children who experience adversity can still become healthy, productive citizens. We build it by having supportive relationships, and building skills survivors need to manage stress to cope in safer ways.
Spiritual & Cultural healing

Ceremonies may be our source of strength and support as Indigenous people we sometimes carry the the trauma of our tribal communities and ancestors

Practice self care, we need to work on healing ourselves to provide care to others

We are resilient, our native traditions and practices may be on hold but we have survived a millennia and will be here to support us when we can return to them in full

Maria Yellow Horse Brave Heart, PhD
“Warriors are not what you think of as warriors. The warrior is not someone who fights, because no one has the right to take another life. The warrior, for us, is one who sacrifices himself for the good of others.

His task is to take care of the elderly, the defenseless, those who can not provide for themselves, and above all, the children, the future of humanity.”

~ Sitting Bull
Thank you for wearing your Trauma Informed Care lens today. Questions?

Please take care of your self first, I have resources on Compassion Fatigue if needed and self care inventory check list

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