

Trauma- and Violence- Informed Care

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Disclosures

I have no financial disclosures.



Objectives

- Review various conditions and events that contribute to trauma, including social determinants of health, systemic racism, and interpersonal violence.
- Define trauma-informed care and discuss the "building blocks" for trauma-informed care.
- Analyze various components of trauma-informed care and real-life applications of these components.
- Evaluate and apply components of trauma-informed care to healthcare settings in an achievable and realistic framework.

Content Warning

- Some of these topics may be personal or difficult to consider.
- I encourage you to consider where your reactions are coming from, as self-inquiry makes us stronger and more capable providers.





Why is Language Important?

- Jackson Katz: sociologist specializing in gendered violence.
- Joe beat Mary
- Mary was beaten by Joe
- Mary was beaten
- Mary was battered
- Mary is a battered woman
- Mary is accusing Joe of beating her

Epidemiology of Interpersonal Violence

- 1 in 3 women and 1 in 4 men have experienced some form of physical violence by an intimate partner.
- 1 in 4 women and 1 in 7 men have been victims of severe physical violence (e.g. beating, burning, strangling) by an intimate partner in their lifetime.
- Women between the ages of 18-24 are most commonly abused by an intimate partner.
- 1 in 5 women and 1 in 71 men in the United States has been raped in their lifetime.
 - Almost half of female (46.7%) and male (44.9%) victims of rape in the United States were raped by an acquaintance. Of these, 45.4% of female rape victims and 29% of male rape victims were raped by an intimate partner.



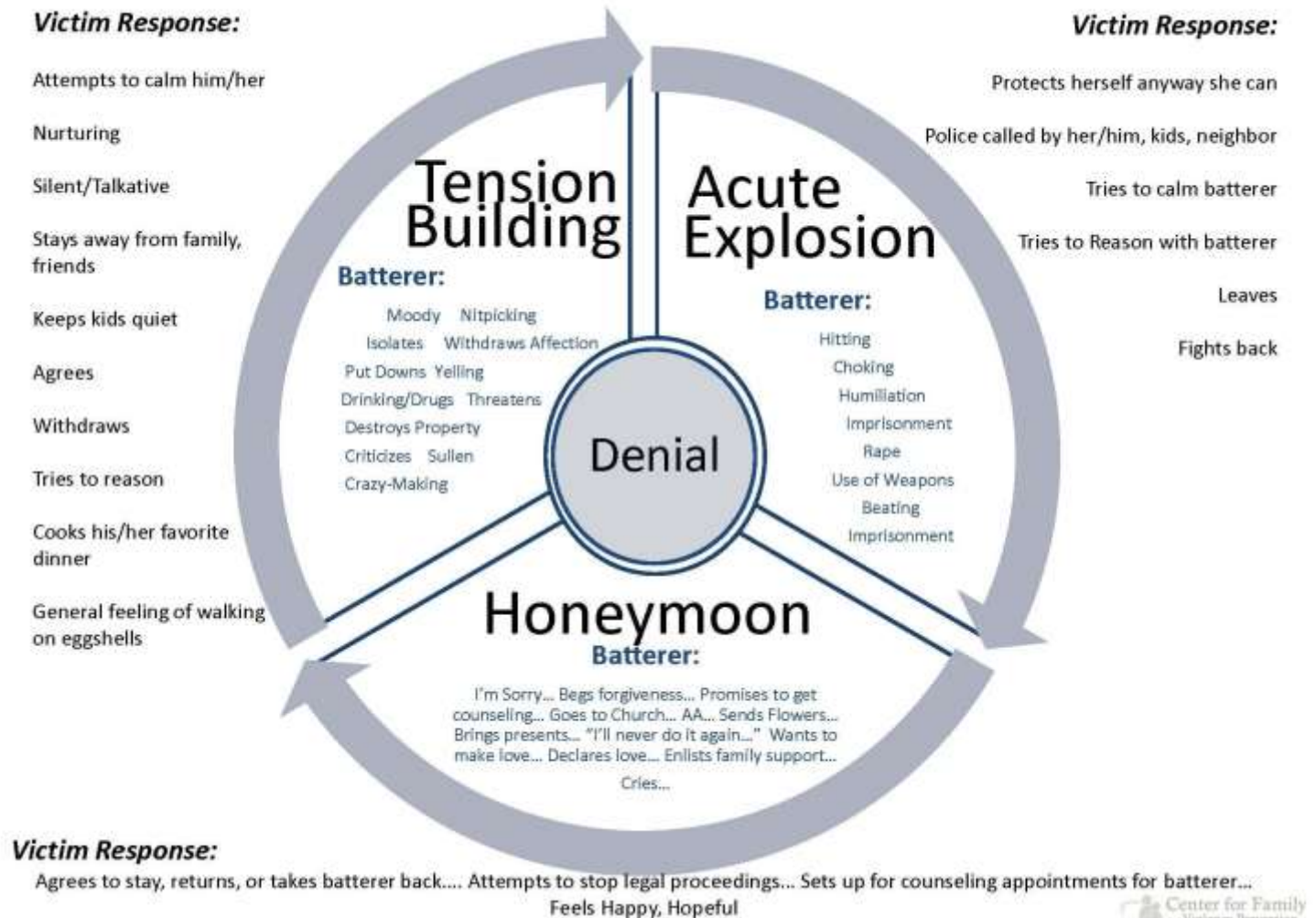
Epidemiology of IPV in the United States

- Only 34% of people who are injured by intimate partners receive medical care for their injuries.
- 1 in 15 children are exposed to intimate partner violence each year, and 90% of these children are eyewitnesses to this violence.
- The cost of intimate partner violence exceeds \$8.3 billion per year.
- Victims of intimate partner violence lose a total of 8.0 million days of paid work each year.
- 72% of all murder-suicides involve an intimate partner; 94% of the victims of these murder suicides are female.

Cycle of Violence

- Consider IPV as a “sand dune” – it does not appear overnight, fully formed, but rather through the patient relocation of one grain of sand at a time.
- “The only way that I can really describe what happened to me is like part of me, like, died, and then part of me got ignited in terms of, like, my love with heal us...but I had to stop loving myself and *only* love him.”

CFVP (2022)



Snyder, 2019

Interpersonal violence and body image

Both sexual assault and intimate partner violence of other types have a correlation with reduced body protection, poor overall body image, degraded sense of body “mineness”.

Survivors of abuse, when compared directly to non-survivors, have lower overall self-perception of health, higher utilization of healthcare resources (especially emergency or urgent resources), more chronic pain conditions, and more invasive procedures and surgeries.

Quiz!

- Take a moment and using a piece of paper, write down all of the following conditions that you think are linked to either being in a current IPV relationship or having a history of IPV:
 - 1. Diabetes
 - 2. Hypertension
 - 3. PTSD
 - 4. Depression
 - 5. Vaginitis
 - 6. UTIs
 - 7. Arthritis
 - 8. Asthma
 - 9. URIs
 - 10. GERD
 - 11. HIV
 - 12. STIs
 - 13. IBS
 - 14. Stroke
 - 15. Heart disease

Physical Sequelae of IPV

Physical health sequelae are broad and often correlated to the individual and the overall experience that they have.

Disclosure reactions and perceived support can also influence these sequelae.

Physical sequelae include, but are not limited to:

- Chronic pain
- Hypertension
- Cancer (including reproductive cancers)
- Heart disease and stroke
- Diabetes
- HIV / AIDS
- STIs
- Intrauterine hemorrhage
- Miscarriage and stillbirth
- Nonorganic abdominal and pelvic pain

Mental Health Sequelae

- PTSD
- Depression
- Anxiety
- Insomnia
- Social connection difficulties
- Difficulty relating to the gender of their perpetrator
- Healthcare avoidance
- Shame / guilt
- Substance use / abuse
- Risk-taking behaviors (including risky sexual behaviors)
- Suicidal ideation / suicide attempts
- Self-harming behaviors (non-suicide)

What is Trauma-Informed Care

- Ideally, trauma-informed care organizations recognize the potential impact of trauma on the individual, and act accordingly on every level.
- Trauma-informed organizations:
 - Educate their staff on the wide-ranging effects of trauma
 - Thoughtfully reorganize aspects of organizations that may promote re-traumatization
 - Understand the vulnerabilities and triggers of various types of trauma and work to avoid them in their setting
- Violence-Informed Care
 - “intersecting impacts of systemic and interpersonal violence and structural inequities on a person’s life, emphasizing both historical and ongoing violence and their traumatic impacts” (Equip Healthcare)





Ten Core Tenets

- Safety
- Trustworthiness and Transparency
- Collaboration and mutuality
- Empowerment
- Voice and Choice
- Peer Support and Mutual Self-Help
- Resilience and Strengths-Based
- Inclusiveness and Shared Purpose
- Cultural, Historical, and Gender Issues
- Change Process

Four Principles of TVIC

- Build awareness and understanding
- Emphasize safety and trust
- Offer authentic choices through connection and collaboration
- Find and build on people's strengths



Why?

- If for no other reason, creating trauma informed systems helps retain trained and experienced staff.
 - In other words, appealing to the organization's bottom line
 - Staff are expensive and time-consuming to train. Retaining them is helpful both for an organization's knowledge and experience base, and provides a stable foundation for patients.
- Trauma informed systems protect providers and staff
 - Less exposure to vicarious trauma, or in ways that feel "safe" and supported improves longevity and less secondary traumatization in caretakers.
- Trauma occurs in our care delivery systems!
 - Involuntary and coercive practices damage providers' and staff's well-being, faith, and loyalty to organizations
 - Forced staffing / overhire
 - Failure to deliver on promised bonuses, payouts, overtime

Individual Implementation

- Psychological First Aid
- Answer questions about what survivors may experience
- Normalize their distress by affirming that this is a normal reaction to an abnormal circumstances
- Help them learn healthy coping mechanisms
- Help them be aware of possible symptoms
- Provide a positive experience and a safe shelter.
- See upcoming examples!

Further Dos and Donts of TIC

RECOMMENDED

- That sounds...
- That feels like...
- How did that feel?
- How did that make you feel?
- Tell me more about...
- Tell me everything about...
- Can you tell me more about...

RECOMMENDED

- Don't assume, ask openly and curiously
- How can I support you?
- What would feel good to you right now?
- Would you like to hear about some of our resources?
- No matter what happens, I'm here to support you however I can.

AVOIDED

That must have...

You must be / feeling...

Here's what we should do next...

We need to / You need to...

We must / you must...

He/she must be a really terrible person!

That's not a good way to treat anybody!

This or That?

This?	Or That?
Requiring patients to state a reason for their visit to receive care while standing in a lobby filled with people.	Populating a reason for visit after calling the patient back to a private triage area.
Allowing visitors into triage, patient rooming, and most parts of patient care.	Comprehensive single patient initial rooming, followed by acceptance of visitors on permission of the patient.
Provider well being resources include mental health crisis line, free membership to Calm app, and encouragement to be physically fit.	Comprehensive burnout intervention program which includes mental health days off, clinical and non-clinical balance of duties, time for charting that is not included in patient care, mental healthcare that is ongoing, support groups and networks.
Education provided on how to manage survivors during new-provider orientation.	Comprehensive, meaningful, yearly training on trauma-informed care and how that looks for the organization.



Is This TVIC?

- Matt is responsible for sending out and tracking the PAP smear requests for their patients. In order to do so, he sends out a letter, then tracks whether that patient calls them or not, then tracks when they come in and receive their Pap smear.
- He notices that most people complete their appointment promptly, a few take a little longer to come in, and there are several patients who never schedule appointments.
- Matt isn't sure what to do about these patients, but figures that it's their healthcare / bodies and if they don't want to receive the recommended screening tests, that's up to them.

Is This TVIC?

- Julie is a unit clerk for an emergency department. It's a Friday night, and it's already pretty busy in the ER. She is responsible for checking people in and getting them triaged.
- A young woman walks in, and when Julie asks her what her reason for visit is, she states that she was sexually assaulted just prior to arriving in the ER.
- Fortunately, Julie attended her organization's yearly update on trauma-informed care several months ago. She pulls up the algorithm on her computer, which directs her to offer tangible support and empathy to the victim, ping the nursing supervisor to prepare the quiet room, and ask a few clarifying questions that help direct the victim's care. Julie also pings the on-call social worker so that they can be on standby to provide resources and direction.
- The victim is taken directly from the triage area to a small, quiet, and private space, where her nurse can follow another clearly published algorithm on obtaining samples, requesting a forensic exam, and which providers in the ER are currently on the sexual assault task force.



Questions?

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Thank You!

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