

Your Role in Creating a Trauma-Informed Community

Trauma Informed Communities Work to Understanding Trauma

Trauma Definition (The Center for Nonviolence and Social Justice, 2009):

- experiences or situations that are emotionally painful and distressing, and that overwhelm an individual's ability to cope
- chronic adversity (e.g., discrimination, racism, oppression, poverty, historical traumas)

Experiences of Trauma Are Common. It is estimated that 89% of people experience exposure to trauma in their lifetime (Kilpatrick, Resnick, Milanak, Miller, Keys & Friedman, 2013).

- Almost 2/3 of children report at least 1 experience with emotional, physical, or sexual abuse, or with emotional or physical neglect; 12% of children see their mother treated violently (CDC-Kaiser Permanente Adverse Childhood Experiences Study, 1998)
- 1 in 5 college women and 6.1% of college men are sexually assaulted during their college years (Krebs, Lindquist, Warner, Fisher, & Martin, 2007)
- 29% of college women have been in an abusive relationship (College Dating Violence and Abuse Poll by Knowledge Networks for Lize Claiborne, Inc., 2011)
- 71% of Blacks and 52% of Hispanics say that they have regularly or occasionally experienced discrimination or been treated unfairly because of their race or ethnicity (Pew Research Center, 2016).

The Neurobiology of Trauma

The experience of trauma results in the release of a number of hormones that can:

- impact behavior at the time of the traumatic experience
- impact the emotional and interpersonal presentation following the traumatic experience
- impact cognitive functioning during a traumatic experience
- impact the ways the in which the brain is able to lay down and then later recall memory
- logic/reasoning and decision-making can be impaired
- Some memories may be fragmented and presented in a non-chronological way

There may be gaps in memory, and/or variability in the level of detail remembered about different parts of an experience

Fight, Flight or Freeze Response

- Individuals may be biologically or temperamentally pre-disposed toward one of these responses
- Individuals with a history of previous trauma(s) may be more likely to "freeze" in the face of new traumas or fears

Trauma-Informed Communities seek to actively resist re-traumatization and work to integrate knowledge about trauma into policies, procedures, and practices.

Recognize the signs and symptoms of trauma: Lived experiences of trauma impact how students, staff and faculty members are able to engage with programs, policies, and systems.

- Intrusion or Re-experiencing (i.e., intrusive thoughts or memories, nightmares, flashbacks)
- Avoidant symptoms (i.e., avoiding thoughts or feelings connected to the traumatic event, or avoiding people or situations connected to the traumatic event)
- Negative alterations in mood or cognitions (i.e., memory problems that are exclusive to the event, negative thoughts or beliefs about one's self or the world, distorted sense of blame for one's self or others, being stuck in severe emotions related to the trauma, severely reduced interest in pre-trauma activities, feeling detached, isolated or disconnected from other people)
- Increased arousal symptoms (i.e., difficulty concentrating, irritability, increased temper or anger, difficulty falling or staying asleep, hypervigilance, being easily startled)

Integrate knowledge into daily practice through the Six Core Principles of Trauma Informed Environments:

- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues

