GIVING WITH IMPACT –
THE TRAUMA
REVOLUTION
What Funders Need To
Know About Trauma-
informed Care
“Individual discord is but the symptom of a social discord”.

Trigant Burrow, M.D., PhD (1926)

"Insanity a social problem"

American Journal of Sociology 32,
Human history becomes more and more a race between education and catastrophe.

H. G. Wells

Outline of History, 1920
You are unlikely to solve a problem correctly unless you correctly identify what the problem actually is!
Violation can be:

- Physical
- Psychological
- Social
- Moral

Violation of any kind creates bad feelings

- the need to retaliate, and ultimately, violence.
VIOLENCE IS CONTAGIOUS
THE SPREAD OF VIOLENCE

- DISRESPECT
- BETRAYAL
- DISHONESTY
- INDIVIDUAL VIOLENCE
- ORGANIZATIONAL VIOLENCE
- SYSTEM VIOLENCE
Violence is a group phenomenon. The violent person is the weak link in a complex web of interaction that culminates in violence after a cascade of previous, apparently nonviolent, events. When violence has occurred, the entire group has failed to prevent it, not just the individuals immediately involved.

The bystander is not innocent.
VIOLENCE SPREADS, PERSON TO PERSON, FAMILY TO FAMILY, COMMUNITY TO COMMUNITY
UNTIL FINALLY OUR SOCIAL NORMS CHANGE
It is impossible to understand the adults we become unless we understand the children we have been.
THINK MULTIGENERATIONAL
THE POISON IN OUR LIVES
The wear-and-tear on the body and brain resulting from chronic over-activity or inactivity of physiological systems that are normally involved in adaptation to environmental challenge, i.e. poverty, parenting alone, challenged family member.
When life is a warzone
Strong and prolonged activation of the body’s stress management systems

Particularly problematic during critical developmental periods because of effects on basic brain architecture
THE BRAIN DEVELOPS

36 weeks gestation  Newborn  3 months  6 months  2 years  4 years  6 years

Synapse formation  Synapse pruning

WHAT GETS CONNECTED AND WHAT GETS PRUNED AWAY DETERMINED LARGELY BY CHILD’S ENVIRONMENT
Events in the environment can turn genes on or off.

This means that environmental events may impact subsequent generations through epigenetic markers.
The Relationship of Adverse Childhood Experiences to Adult Health Status

A collaborative effort of Kaiser Permanente and The Centers for Disease Control

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.
Vincent J. Felitti, MD, is Co-Principal Investigator of the Adverse Childhood Experiences (ACE) Study, Kaiser Permanente

Robert Anda, M.D., M.S. played the principal role in the design of the ACE study, subsequent analysis of the ACE Study data, and preparation of its numerous scientific publications and serves as its Co-Principal Investigator

1998: Little research available on effects of childhood adversity across the lifespan
In 1998, largest study of its kind ever (almost 18,000 participants)

Examined the health and social effects of adverse childhood experiences over the lifespan

 Majority of participants were 50 or older (62%), were white (77%) and had attended college (72%).
The ACE Score is used to assess the total amount of stress during childhood and has demonstrated that as the ACE increase, the risk for the following health problems increases in a strong and graded fashion:

<table>
<thead>
<tr>
<th>Alcoholism and alcohol abuse</th>
<th>intimate partner violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>Multiple sexual partners &amp; STDs</td>
</tr>
<tr>
<td>Depression</td>
<td>Incarceration</td>
</tr>
<tr>
<td>Fetal death</td>
<td>Smoking</td>
</tr>
<tr>
<td>Health-related quality of life</td>
<td>Suicide attempts</td>
</tr>
<tr>
<td>Illicit drug use</td>
<td>Unintended pregnancy</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Early smoking</td>
</tr>
<tr>
<td>Liver disease</td>
<td>Adolescent pregnancy</td>
</tr>
<tr>
<td>Autoimmune disease</td>
<td>Cancer</td>
</tr>
<tr>
<td>Obesity</td>
<td>Stroke</td>
</tr>
</tbody>
</table>
Twice as likely to smoke
Seven times more like to be alcoholics
Six times more likely to have had sex before the age of 15
Twice as likely to have been diagnosed with cancer
Twice as likely to have heart disease
Four times as likely to suffer from emphysema or chronic bronchitis
Twelve times as likely to have attempted suicide
Ten times more likely to have injected street drugs
THE PHILADELPHIA ACE STUDY

A collaborative, led by the Institute for Safe Families (ISF), to develop and implement research, practice, and policies in urban pediatric settings based on the Adverse Childhood Experiences (ACE) study.
Original ACE Study Population is not Representative of Urban Populations

<table>
<thead>
<tr>
<th>Demographics</th>
<th>ACE Study</th>
<th>Philadelphia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>56</td>
<td>34</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>79% White</td>
<td></td>
<td>41% White</td>
</tr>
<tr>
<td>5% African American</td>
<td></td>
<td>43% African American</td>
</tr>
<tr>
<td>5% Hispanic</td>
<td></td>
<td>12% Hispanic</td>
</tr>
<tr>
<td>High school graduates</td>
<td>94%</td>
<td>36%</td>
</tr>
<tr>
<td>College graduates</td>
<td>43%</td>
<td>13%</td>
</tr>
<tr>
<td>Percent below FPL</td>
<td>Not measured</td>
<td>25%</td>
</tr>
</tbody>
</table>
Many of the Traditional ACEs are More Prevalent in an Urban Setting

<table>
<thead>
<tr>
<th>ACE</th>
<th>Philadelphia ACE Study (N = 1,784)</th>
<th>Kaiser ACE Study (N = 17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional abuse</td>
<td>33.2%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>35.0%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>16.2%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>19.1%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>7.7%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Substance abusing household member</td>
<td>34.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Mentally ill household member</td>
<td>24.1%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Witnessed domestic violence</td>
<td>17.9%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Household member in prison</td>
<td>12.9%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>
## Prevalence of Expanded ACEs

<table>
<thead>
<tr>
<th>Expanded ACE Indicators</th>
<th>Respondents (N = 1,784)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witnessed violence</td>
<td>40.5%</td>
</tr>
<tr>
<td>Felt discrimination</td>
<td>34.5%</td>
</tr>
<tr>
<td>Adverse neighborhood experience</td>
<td>27.3%</td>
</tr>
<tr>
<td>Bullied</td>
<td>7.9%</td>
</tr>
<tr>
<td>Lived in foster care</td>
<td>2.5%</td>
</tr>
</tbody>
</table>
Overlap Between Exposure to Conventional and Expanded ACEs

17.2% No ACEs
19.6% > 1 Conventional ACE
49.3% > 1 Conventional ACE & > 1 Expanded ACE
13.9% > 1 Expanded ACE
Total ACE Score ≥ 4 by Zip Code

Health Statistics from these 5 Zip Codes
- 22% of adults unemployed
- 46% of residents live in poverty
- Life expectancy for males age 68
- 22% of children obese
- Homicide rate 30 to 40 deaths per 100,000
interviews of more than 95,000 adults about a child in their household,

Objective: to find out about the prevalence of adverse childhood experiences nationwide and for each state in the U.S.

The most common adverse childhood experience (over 25% of the children) in most states was economic hardship, meaning it was often difficult for families to cover food or housing costs on their income level.

National Survey of Children’s Health, 2011-2012
Nationally, 15 percent of teens ages 12 to 17 have had three or more of the adverse experiences.

These youth are not doing as well as their peers.

These youth are far more likely to argue a lot or even to bully or be cruel to others.

**National Survey of Children’s Health, 2011-2012**
Our findings suggest a need for research and intervention efforts to prevent adverse childhood experiences and to mitigate their consequences. They also suggest that the ACEs measure represents a potential screening tool to identify children and youth at risk for negative outcomes.

<table>
<thead>
<tr>
<th>Measure of well-being</th>
<th>0 ACEs</th>
<th>1 ACE</th>
<th>2 ACEs</th>
<th>3+ ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>High externalizing behavior</td>
<td>18%</td>
<td>26%</td>
<td>33%</td>
<td>41%</td>
</tr>
<tr>
<td>Low engagement in school</td>
<td>25%</td>
<td>33%</td>
<td>44%</td>
<td>48%</td>
</tr>
<tr>
<td>Household contacted due to problems at school</td>
<td>13%</td>
<td>23%</td>
<td>31%</td>
<td>38%</td>
</tr>
<tr>
<td>Grade repetition</td>
<td>6%</td>
<td>12%</td>
<td>14%</td>
<td>21%</td>
</tr>
<tr>
<td>Does not stay calm and controlled</td>
<td>24%</td>
<td>34%</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>Does not finish tasks started</td>
<td>27%</td>
<td>36%</td>
<td>44%</td>
<td>49%</td>
</tr>
<tr>
<td>Diagnosed with a learning disability</td>
<td>9%</td>
<td>13%</td>
<td>16%</td>
<td>23%</td>
</tr>
<tr>
<td>Fair or poor physical health</td>
<td>2%</td>
<td>4%</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>
WASHINGTON STATE HIGH SCHOOL CLASSROOM
(30 CHILDREN)

Adverse Childhood Experiences Score

0

1

2

3

4 or more
Of 76 million children in the U.S., 46 million are exposed to violence, crime, abuse, and psychological trauma annually. That represents two out of every three children.
Why the LIFE Study?

- There was significant anecdotal evidence about trauma
- The LIFE study was a response to what we were hearing from the field
- We wanted to incorporate our hypothesis about high utilizers and traumatic life experiences into our evaluation work

The LIFE Study Overview

The Research Question

- What Happened to People?
- What Events in Life are Formative?
- How are Events Connected?
40% Male
60% Female

47% AA
52% White

46 years old

Gender
Race/Ethnicity
Average Age

75 people interviewed
65 high-utilizers of health care
10 low utilizers with similar disease profile
How Events Connect
We analyzed a subset of interviews to help us understand what events are related. We looked for commonalities in life trajectories of respondents who described suffering from extended childhood abuse between the ages of 0-12:

Extended, chronic childhood abuse

Most report struggles in school in middle childhood

Though the might have escaped abuse at home, life remains fraught with difficulty. Half become homeless

Most enter into abusive relationships as young adults

All become estranged from their own children as adults

Most are engaged in risk behaviors - sexual activity and substance abuse - in high school. More than half run away or leave home early.

All start to struggle with mental health issues as young adults

All become substance abusers, and struggle maintain employment as adults. Their health problems are apparent; most aren’t getting care needs met
THE POWER OF THE ACES STUDIES

The data tell a simple story – that’s the beauty of it

- ACEs are common
- ACEs are highly interrelated
- ACEs pile up and have a cumulative impact
- ACEs account for a large percentage of health and social problems
- People with exposure to ACEs are everywhere
A scientific consensus is emerging that the origins of adult disease are often found among developmental and biological disruptions occurring during the early years of life.

An interconnected, complex, adaptive, living world.

FILLED WITH PEOPLE WHO HAVE HAD ADVERSE INDIVIDUAL, GROUP AND INTERGENERATIONAL TRAUMA AND ADVERSITY.
Organizations, like individuals, are living, complex, adaptive systems and that being alive, they are vulnerable to stress, particularly chronic and repetitive stress.

Organizations, like individuals, can be traumatized and the result of traumatic experience can be as devastating for organizations as it is for individuals.
VIOLENCE IS CONTAGIOUS
UNTIL FINALLY OUR SOCIAL NORMS CHANGE
When two or more systems – whether these consist of individuals, groups, or organizations – have significant relationships with one another, they tend to develop similar thoughts, feelings and behaviors.

K. K. Smith et al, 1989
UNDERSTANDING TRAUMA IS NOT JUST ABOUT ACQUIRING KNOWLEDGE.

IT’S ABOUT CHANGING THE WAY YOU VIEW THE WORLD.
NOT CHANGING EVERYTHING WE DO: CHANGING THE LENSES WE LOOK THROUGH
Exposure to systematic adversity and trauma as a central organizing principle of human thought, feeling, belief, and behavior that is largely overlooked in existing explanations of and responses to human behavior.
The kind of attention we pay actually alters the world...

Iain McGilchrist
The Master and His Emissary: The Divided Brain and the Making of the Western World
CHANGING THE FUNDAMENTAL QUESTION

It’s “What happened to you?”

It’s not “What’s wrong with you?”

Foderaro, 1991
a philosophical or theoretical framework
WHAT ACES IS TELLING US:

AIMING AT INDIVIDUAL CHANGE IS NECESSARY BUT NOT SUFFICIENT

MAJOR PUBLIC HEALTH PROBLEM
INJURED

- In every system
- Something bad happened
- Not responsible for injuries but responsible for outcomes
- Recovery is possible – but not a straight line
- Active role
- Mutual accountability
- Many choices, many mistakes
- Everyone knows what it is like to be injured
- New ideas about prevention

PUBLIC HEALTH SYSTEM
Service delivery that is grounded in and directed by a thorough understanding of the neurological, biological, psychological, social, and historical effects of adversity, trauma, and violence on humans and human groups.

Represents change in:

- ATTITUDE
- BEHAVIOR
- VALUES
- CONSCIOUSNESS
ADVERSITY AND TRAUMA AS CENTRAL CONCERNS FOR PUBLIC HEALTH

TERTIARY PREVENTION: TREATMENT

SECONDARY PREVENTION: AT-RISK

PRIMARY PREVENTION: UNIVERSAL PRECAUTIONS

MENTAL HEALTH
HEALTH CARE
CHILD WELFARE
EARLY CHILD
EDUCATION
WELFARE
HOUSING
JUSTICE
CORRECTIONS
PRIMARY: Trauma-informed
- Universal knowledge about trauma, adversity and its effects

SECONDARY: Trauma-responsive
- Policies and practices in place to minimize damage and maximize opportunities for healthy growth and development in populations at risk.

TERTIARY: Trauma-specific
- Therapeutic interventions that specifically explore the trauma in the initial phases of therapy and then utilize those discoveries as a foundation as the therapy moves into current issues

Mission Possible
Then it was germs, now it is violence – and the clock is ticking for every child in America

SOCIAL REVOLUTION
19TH VS. 21ST CENTURY
Collective action is the checkmate of social sciences. The members of a society can destroy all its existing institutions, no matter how old and revered, through collective action and yet such action surfaces only in exceptional times. Luis Fernando Medina, *A Unified Theory of Collective Action and Social Change*, 2007
A Public Health Revolution for the 21st Century

INDIVIDUAL
ORGANIZATIONAL
SYSTEMIC

1
2
3

trauma-informed values

Government & Public Policy
Media

Funders

Behavioral Health
Education
Housing/Shelter
Justice
Child Welfare
Health
THE OBJECTIVES:
SAVING LIVES
SAVING MINDS
SAVING HUMANITY
BRIDGING PARADIGMS

PAST

PRESENT

FUTURE
Organized collective action challenging the status quo—a social movement—requires leadership that goes far beyond a stereotypical charismatic public persona with whom it is often identified. The capacity of a social movement for effective action depends largely on the depth, breadth, and quality of leadership able to turn opportunity to purpose.

Movements must mobilize under risky conditions not only because well-resourced oppositions often resist their efforts, but also because the undertaking itself is fraught with uncertainty about how—and whether—it can happen in the first place.

Human history becomes more and more a race between education and catastrophe.

H. G. Wells

Outline of History, 1920
CREATING SANCTUARY
TOWARD THE EVOLUTION OF SANE SOCIETIES
SANDRA L. BLOOM
REVISED EDITION

DESTROYING SANCTUARY
THE CRISIS IN HUMAN SERVICE DELIVERY SYSTEMS
SANDRA L. BLOOM & BRIAN FARRAGHER

RESTORING SANCTUARY
A NEW OPERATING SYSTEM FOR TRAUMA-INFORMED SYSTEMS OF CARE
SANDRA L. BLOOM & BRIAN FARRAGHER