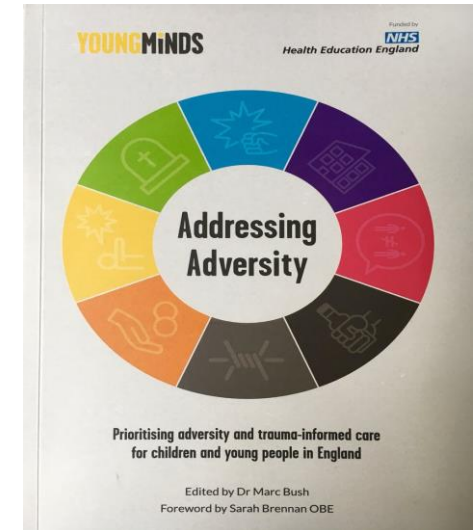




About me

Jo Prestidge, Senior Innovation and Good Practice Project Manager

- Ten years working in frontline services (I am not a clinician!)
- Transatlantic Practice Exchange to New York in 2014
- Homeless Link: training to over 5000 frontline workers
- Presentations and publications
- Housing First England and supporting integration of 'positive approaches'



Back to 2013-14

Support worker in innovative service for entrenched street homeless (method from 2009)

Intensive on the street support and access to a personal budget

Challenges:

1. **Won't engage** at all
2. Go into **crisis once housed**
3. **Challenging and chaotic** behaviour

Years of training to understand needs and learn specific interventions. Also having clinical supervision and group reflective practice.



Rebuilding lives together

Blackender, L. and Prestidge, J. (2014), "Pan London personalised budgets for rough sleepers", *Journal of Integrated Care*, Vol. 22 No. 1, pp. 23-26. <https://doi.org/10.1108/JICA-07-2013-0024>

Why learn about this?



85% of those in touch with criminal justice, substance misuse and homelessness services in the UK have experienced adversity as children

<https://lankellychase.org.uk/resources/publications/hard-edges/>

‘Women with extensive experience of physical and sexual violence are far more likely to experience disadvantage in many other areas of their lives, including disability and ill health, substance dependence, poverty and debt, poor living conditions, homelessness and discrimination. 5% of women experience extensive abuse in life course (vs 1% men)

<https://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf>

Definition of Trauma

'Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional or spiritual well-being'

(SAMHSA, 2012 – Trauma and Justice Strategic Initiative)

TERRIFIED AND POWERLESS
(normal ability to cope is overwhelmed)

More about trauma...



- Trauma is common, the impact is broad, and often **life shaping**
- It is defined by the **experience** of the individual rather than the event
- Ability to recover is dependent on an individual's **resilience**
- **Interpersonal** trauma has a different impact than trauma from natural events
- Violent forms of trauma are often self-perpetuating
- Trauma is **particularly experienced by the more vulnerable**, often occurs within the service context and impacts how people approach help

(<https://www.theannainstitute.org/CCTICSELFASSPP.pdf>)

Chronic and Complex Trauma



Chronic trauma:

- Experiencing multiple traumas over a prolonged period of time (e.g. domestic violence or being held hostage)

Complex trauma:

- Trauma experienced as a child, usually invasive and interpersonal, such as abuse or profound neglect
- The impact of this trauma
- Begins early in life and usually in context of relationship with caregiver
- Disrupts many aspects of development including formation of self
- Impacts attachment and therefore healthy physical and mental development

*Experiencing trauma as an adult impacts your world view.
Experiencing trauma as a child shapes it.*

Adverse childhood experiences



Early life trauma events may include one or more of the following experiences of:

- Maltreatment, neglect or abuse
- Loss and bereavement
- Being dislocated or relocated
- Taking on adult responsibilities
- Being bullied and victimised
- Violence

ACE studies / Beyond Adversity

ACE Study - USA



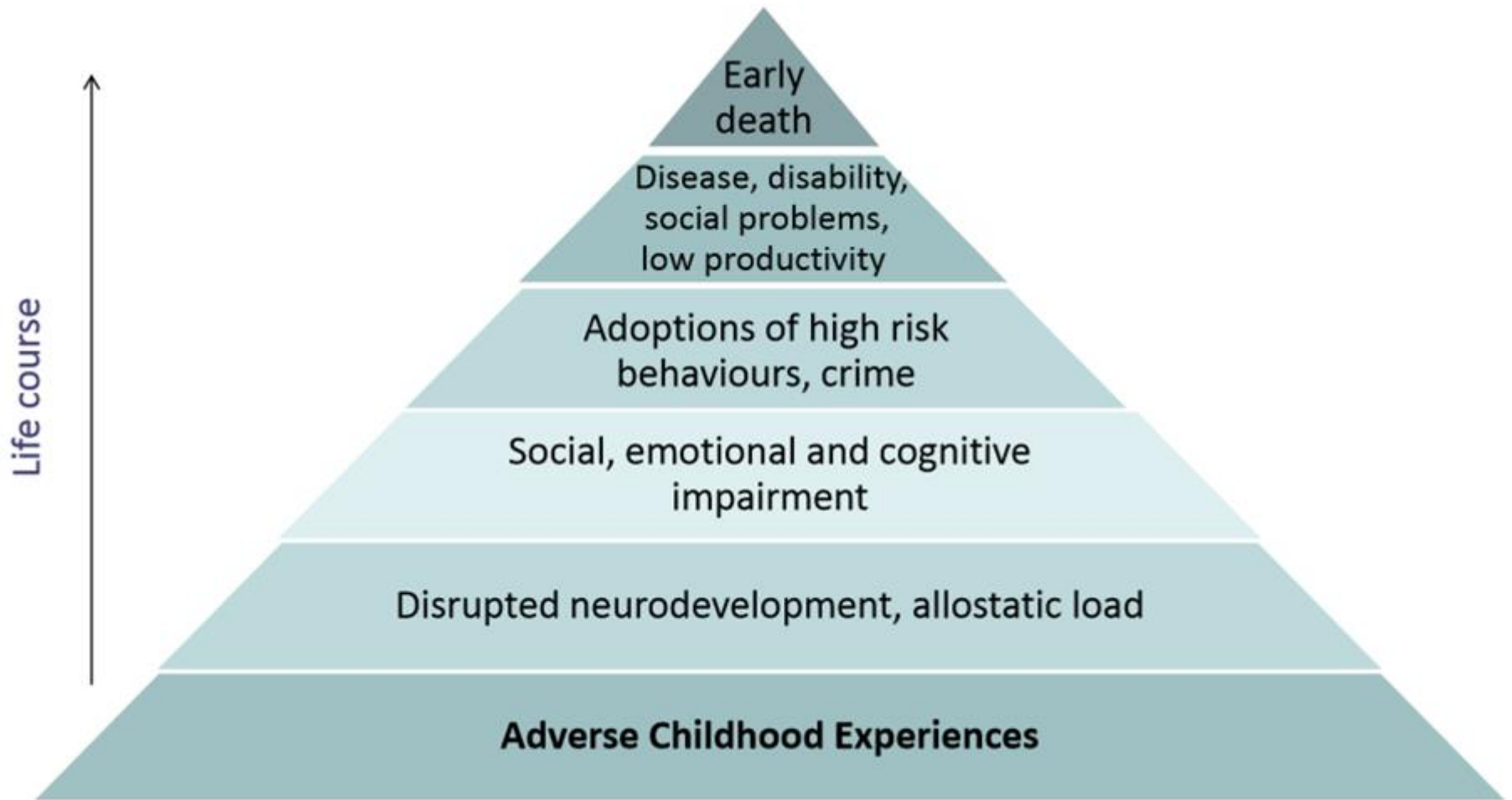
In 1995 and 1997, more than 17,000 people surveyed by a US health insurance company (Kaiser Permanente) and followed up by the US Centres for Disease Control and Prevention (CDC). The study shows that experiences of childhood adversity are common:

- 28% physical abuse (higher in men than women)
- 20.7% sexual abuse (higher in women than men)
- 10.6% emotional abuse
- 12.7% mother affected by violence
- 26.9% substance use in household, 19.4% mental health in household
- 23.3% separation/divorce in household, 4.7% person in household incarcerated
- 14.8% emotional neglect, 9.9% physical neglect

ACEs are a major risk factor for the leading causes of illnesses and death in the US, including (pink = increase in risk for 4 or more ACEs):

- Alcoholism and alcohol abuse (7.4%)
- Chronic obstructive pulmonary disease (260%)
- Depression (460%)
- Ischemic heart disease (220%, 240% risk of stroke)
- Liver disease (240% risk of hepatitis)
- Cancer (190%)
- Diabetes (160%)
- Suicidality (1220%)
- Early initiation of sexual activity
- Illicit drug use

The ACE Pyramid



Biopsychosocial impact

Trauma impacts:

- **Brain/body** – autonomic nervous system, memory, threat perception, language and emotion
- **Psychology** – perceptions of relationships, trust, authority, self esteem
- **Social** – maladaptive coping strategies, engagement with people/services/systems



Experiences of trauma is affected by gender:

Childhood

- Boys and girls suffer similar rates and types of abuse from people they know

Adolescence

- Young men victimised by people who dislike or hate them (and are at greater risk if gay, BME or gang members)
- Young women victimised in intimate relationships; from the person to whom she is saying, “I love you.”

Adulthood

- Men: harmed from enemies or strangers (combat or victim of crime)
- Women: through intimate relationships; the person to whom she is saying “I love you.”

<https://www.mappingthemaze.org.uk/wp/wp-content/uploads/2017/08/Covington-Trauma-toolkit.pdf>

Trauma and women



Experience:

- Relationships, intimacy, interpersonal violence and sexual abuse
- Power of abuser means women may have little choice to remain in the context

Response:

- Different to men, evidence suggests that women 'tend-and-befriend'
- 'Tend-and-befriend' refers to an emotion-focused and palliative coping style (managing internal experiences rather than addressing external factors).
- Girls have same psychological response when experiencing and witnessing trauma*.

Impact:

- Women are more likely to experience psychological harm and to develop internalising disorders e.g. self-harm, eating disorders and emotionally unstable personality disorder.

https://www.mentalhealth.org.uk/sites/default/files/Engaging_With_Complexity..pdf

*https://www.nccdglobel.org/sites/default/files/publication_pdf/understanding-trauma.pdf

What is Trauma-Informed Care?

'A program, organisation, or system that is trauma-informed **realises** the widespread impact of trauma and understands potential paths for recovery; **recognises** the signs and symptoms of trauma in clients, families, staff, and others involved within the system; and **responds** by fully integrating knowledge about trauma into policies, procedures and practices, and seeks to actively **resist re-traumatisation**'.



SAMHSA Concept of Trauma & Guidance for a Trauma Informed Approach, 2014

TIC in women's services



1. **Recognize of the impact** of violence and victimization on development and coping strategies
2. The primary goal is **trauma recovery**
3. Use an **empowerment** model
4. Aim to maximize a woman's **choice and control** over her recovery
5. Based on relational collaboration: **relationships** heal trauma
6. Create an atmosphere that is respectful of the **need for safety**, respect and acceptance
7. **Emphasize strengths**; highlighting coping adaptations and resilience over pathology
8. Goal is to **minimize possibility of re-traumatisation**
9. Understand each woman in the context of her **life experiences and cultural background**
10. Encourage **input and involvement** from the women in the design and evaluation of services

Trauma Informed or Trauma Denied: Principles and implementation of trauma informed services for women (Elliot et al, 2005) <https://onlinelibrary.wiley.com/doi/epdf/10.1002/jcop.20063>

Trauma Informed Care

Trauma
Awareness

Emphasis on
Safety

Opportunities
to Rebuild
Control

Strengths -
Based
Approach

Impact on workers



It is common for staff to be impacted when working with survivors of trauma

Workers may develop symptoms in response to being exposed to the trauma

- Compassion Fatigue
- Burnout
- Vicarious (secondary) trauma

Trauma-informed services ensure staff are safe, empowered and supported appropriately

<https://www.charlenerichardsw.com/2013/01/compassion-fatigue-vicarious-trauma-and-burnout-whats-the-difference/>

The Benefits



For service users:

- ✓ Feel safe
- ✓ Empowered to take control
- ✓ Increased engagement
- ✓ Aware that symptoms are a result of trauma
- ✓ Can begin recovery
- ✓ Not retraumatised by services

For staff:

- ✓ Increased understanding
- ✓ Increased compassion and hope
- ✓ Increased resilience
- ✓ More able to cope with challenges
- ✓ Don't see things in such a black and white way
- ✓ Reduced burnout

For organisations:

- ✓ Clear values and philosophy
- ✓ Increased retention of service users
- ✓ Increased engagement
- ✓ Improved outcomes
- ✓ Increased retention of staff
- ✓ Reduced staff sickness and absence
- ✓ Insightful and compassionate places to work

Reframe and respond

- Reflect on the people your service supports
- View your practices from a trauma perspective
- Focus on relationships rather than protocols
- Trauma-inform yourself with the literature available



Contact me



Jo Prestidge

Senior Innovation & Good Practice Project Manager

020 7840 4420

joanne.prestidge@homelesslink.org.uk

@joanneprestidge

Housing First England

www.hfe.homeless.org.uk

@hf_england

[Prestidge, J.](#) (2014), "Using Trauma-Informed Care to provide therapeutic support to homeless people with complex needs: a transatlantic search for an approach to engage the "non-engaging"", *Housing, Care and Support*, Vol. 17 No. 4, pp. 208-214. <https://doi.org/10.1108/HCS-09-2014-0024>