

APPENDIX I

TRAUMA AND TRAUMA-INFORMED CARE

Approximately 60 percent of men and 51 percent of women living in the United States have experienced a traumatic event in their lifetime.ⁱ While much debate exists about what qualifies as a traumatic event, at minimum, traumatic events are those that cause significant distress or harm, whether physical, emotional, or psychological, for individuals.ⁱⁱ These experiences can have a severe impact on well-being by impairing people's daily functioning and emotional health, contributing to higher rates of hospitalization, suicide attempts, substance abuse,ⁱⁱⁱ and emotional responses, such as anger.^{iv}

Recent work has focused on a model of trauma-informed care and practices. A trauma-informed approach acknowledges the radiating impact of trauma, recognizes that people's actions and symptoms may be a result of traumatic experiences, and creates policies that are sensitive to such actions and symptoms.

Key components of trauma-informed care are:

1. Recognizing the impact of trauma on multiple areas of life and different paths to recovery.
2. Being aware of the signs and symptoms of trauma.
3. Structuring policies and practices that account for and are sensitive to people's potential trauma histories.
4. Seeking to prevent re-traumatization.^v

Key principles of trauma-informed care further build on the key components by emphasizing principles that create a trauma-informed setting. They include:

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

Taken together, these practices work to honor a survivor's history of trauma and the different pathways that survivors may find toward healing and recovery.

ⁱ Davidson, J. R. T. (2000). Trauma: the impact of post-traumatic stress disorder. *Journal of Psychopharmacology*, 14, S5-S12.

ⁱⁱ Norris, F. H. (1992). Epidemiology of trauma: frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology*, 60, 409-418.

ⁱⁱⁱ See Davidson, 2000.

^{iv} Riggs, D. S., Dancu, C. V., Gershuny, B. S., Greenberg, D., & Foa, E. B. (1992). Anger and post-traumatic stress disorder in female crime victims. *Journal of Traumatic Stress*, 5, 613-625.

^v Substance Abuse and Mental Health Services Administration. (2015). *Trauma-informed approach and trauma-specific interventions*. National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint.

^{vi} See SAMSHA, 2015.