

WHAT IS TRAUMA?

"Individual trauma results from an event, series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening & that has lasting adverse effects on the individual's functioning & mental, physical, social emotional, or spiritual well-being."

- From SAMHSA's *Concept of Trauma & Guidance for a Trauma-Informed Approach*

WHAT'S THE IMPACT?

- Witnessing & experiencing violence, sustained discrimination based on race, ethnicity, immigration status, gender identity/expression, sexual orientation, poverty, & ensuing chaotic life conditions are directly related to chronic fear & anxiety.
- This has serious long-term effects on people's health & other life outcomes.
- Trauma can impact someone's ability to engage in services.

TYPES OF TRAUMA

COMMUNITY



TUSKEGEE STUDY

HISTORICAL



MAYFLOWER

NATURAL DISASTER



INTER- GENERATIONAL



CIRCUMSTANTIAL



WAR ON DRUGS

INDIVIDUAL



CHRONIC



PHYSICAL & EMOTIONAL REACTIONS TO TRAUMA

- Aches / Pains
- Easily startled
- Changes in sleep patterns
- Appetite
- Getting sick
- Substance use
- Isolation
- Difficulty trusting people
- Anger
- Hypervigilance
- Disassociation
- Shock
- Fear
- Grief
- Emotional swings
- Nightmares
- Flashbacks
- Increased need to control everyday experiences
- Shame
- Loss of focus

6 PRINCIPLES OF HARM REDUCTION

HEALTH & DIGNITY

PARTICIPANT CENTERED SERVICES

PARTICIPANT INVOLVEMENT

PARTICIPANT AUTONOMY

SOCIO-CULTURAL FACTORS

PRAGMATISM & REALISM

6 PRINCIPLES OF TRAUMA-INFORMED CARE

SAFETY

TRUST & TRANSPARENCY

PEER SUPPORT

EMPOWERMENT, VOICE, & CHOICE

CULTURAL, HISTORICAL ISSUES

COLLABORATION & MUTUALITY

DEVELOPING A TRAUMA-INFORMED HARM REDUCTION PRACTICE

REFLECTION



ACTION



PRAXIS

PRAXIS :

The process by which a theory, lesson, or skill is enacted, practiced, embodied, or realized.

EXAMPLES OF PRAXIS THAT SUPPORT RESILIENCE & SURVIVAL



- Operate from a place that assumes that everyone has experienced trauma.
- Encourage open & genuine collaborations between provider & participant.
- Give control & decision-making to the participant.
- Meeting people outside in non-confining spaces where they can feel less claustrophobic.
- Creating spaces where staff are not blocking access or gate-keeping access to the room or services.
- Acknowledging & validating all coping skills, even ones that appear to cause harm. Ex.) substance use, self-harming behaviors, volatile relationships.
- Making room for people to be their full & authentic selves by making space for creative expression & the release of anxiety. Ex.) singing, tapping, rocking, doodling, joking, telling stories, moving their bodies/dancing, being quiet/ not engaging, helping to clean the space, re-organizing bags/backpacks.
- Allowing people to maintain access to their property/belongings & their animal companions.
- Mindful of trauma & triggers when interacting with people & when building your staff team (choosing who works with who or who works with people in specific situations).
- Being mindful of physical interactions & spacial relationship to participants. Ex.) touching, hugging, eye contact or lack of, standing over people who are sitting or laying on the floor, raising or lowering voice, personal space.

For more resources, visit harmreduction.org