Trauma: Understanding and Resolving its Presence in Peterborough

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Final Report

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Abstract

Implementing trauma informed care in organizations that work with victims of psycho-emotional trauma can potentially reduce the possibility of retraumatization. Traumatic experiences may affect the physical and emotional well-being of someone's life. Operating under a trauma informed principle, Trauma Informed Peterborough (TIP) needed to understand the level of trauma education possessed by the organizations with front-line workers in Peterborough City and County. The project was designed to identify organizations within Peterborough City and County that worked with potential victims of trauma, evaluate the trauma awareness and appreciation for trauma informed principles of the organizations, and determine if there was a desire for workplace support. A survey composed of 13 questions was distributed to 42 individuals via email. The individuals were a part of organizations that worked with potential victims of trauma. Seventeen participants completed the survey. The results showed that there is little discussion about psycho-emotional trauma at the policy level. Organizations would like to see a policy statement dedicated to trauma informed principles and increased staff training. The participants appreciate the need for trauma improved services and are open to change in their procedures. Organizations that become involved with TIP to improve their services have taken the first step towards becoming trauma informed and to improve the quality of life for their clients.

Key Terms

TIP- Trauma Informed Peterborough

Trauma- A deeply distressing or disturbing experience. Emotional shock following a stressful event or physical injury. Originates from the late 17th century, from Greek meaning "wound".

Front line service workers- workers interacting with victims of trauma such as social service providers, nurses, physicians, EMS, law enforcement, counselors, therapists, etc.

Psycho-emotional Trauma- a perceived lack, or loss of fit of one's perceived abilities and the demands of one's inner world or the surrounding environment. (1)

Psychological Trauma- a type of damage to the psyche that occurs as a result of a severely distressing event. An example of this would be Post-Traumatic Stress Disorder (PTSD).

Secondary Trauma- emotional stress that results when an individual hears about the firsthand experiences of another. Mimics symptoms of Post-Traumatic Stress Disorder (PTSD).

Compassion Fatigue- The effect of emotional strain of exposure to working with those suffering from the consequences of traumatic events.

CAST Canada- Stands for Come and Sit Together. CAST Canada helps professionals and corporations better understand the role of trauma and unresolved grief in addictions, homelessness, chronic unemployment, and other concerns through workshops, trainings and keynote speaking throughout Ontario and across Canada.

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Introduction

  My grandmother had her secrets. Only a few months before she suffered a stroke which led to her passing, she opened up to me about something I was not expecting to hear. My grandmother, a German speaking girl in Yugoslavia during World War 2, had been in a concentration camp. Her words shocked me, for more reasons than one. While I was in awe of her revelation, I was primarily wondering how she lived a relatively normal life with that experience. Did she tell her sons? Was she in therapy? Did she have trouble coping?

  This revelation raised an interesting question in my mind. How do trauma-afflicted individuals cope with their pain, and get the help needed to live normal lives? Many organizations across Canada have made it their mandate and primary focus to help people treat psycho-emotional trauma (in various ways such as counselling, shelters, or disability aid), but how is psycho-emotional trauma identified in individuals especially when it is not the primary concern of the workplace or the working environment? Trauma Informed Peterborough (TIP), led by Tom Regehr and Becca Partington, had the answer. TIP is a network of organizations and individuals who share a passion to promote trauma awareness in the community (2). TIP's mother organization is CAST (Come and Sit Together) Projects, who envision a Canada where people thrive under adversity and cope with stress caused by traumatic losses and unresolved grief (2).   Beginning with TIP, CAST's goal is to improve quality of life by raising awareness of the role of identifying and supporting the clients of front-line workers with psycho-emotional trauma in the community of Peterborough.

  Front-line workers interact with victims of trauma and can be working as social service providers, nurses, physicians, emergency medical services, law enforcement, counselors, therapists, and other support workers. TIP's goal is to expand their network of organizations and

individuals to these front-line workers, in order to encompass more of Peterborough City and County. TIP's mission and goals are founded on one key principle: being trauma informed. However, this can be confused with being trauma specific, so a key distinction between must be made.

Trauma informed care is an awareness of the potential for trauma in clients. Being trauma informed allows a front-line worker to identify trauma symptoms, acknowledges the role trauma has played in a client's life, and offers support to the client (3). Trauma informed care works at all levels (client, staff, agency and system) using five key principles: safety, trustworthiness, choice, collaboration and empowerment (3). An organization that is trauma specific has treating trauma as a part of their mandate. Being trauma specific means that the organization is focused on treating trauma through therapeutic methods (3). Some organizations work or need to work in a trauma informed manner (such as school guidance counsellors), and some work in a trauma specific manner (such as grief counsellors or therapists).

Trauma informed care is an appreciation for the high occurrences of individuals with traumatic experiences who receive mental health services (4). Trauma informed care is important to consider because helpers might unintentionally cause harm and retraumatization to their clients through their methods and practices (4). Trauma informed care is an understanding that victimization can have on an individual's life. In order for it to be effective, all staff of an organization must understand how psycho-emotional trauma affects the lives of the people being served. This ensures that every interaction between an organization and a client is consistent with the recovery process, thus reducing the risk of retraumatization (5). A trauma informed environment is beneficial to both staff and clients involved in an organization.

In order to raise awareness of trauma education among front-line workers, TIP first needed to understand the current level of knowledge of trauma informed care in the organizations with front-line workers in Peterborough City and County. It is already known that some of these organizations are already operating in a trauma informed manner, but TIP required a researcher to collect data on the level of trauma awareness in the area. The data collected will provide information as to whether an organization is trauma informed, trauma specific, not trauma informed or not interested at all. Some organizations use different language when discussing psycho-emotional trauma, which TIP would be open to hearing and incorporating. The present project will indicate which organizations should be included in the network that TIP has set up for Peterborough City and County, the current level of awareness, and whether workplace education is requested. This will ensure the organizations receive the resources required.

Methods

The method of research used to complete this project was decided to be a survey tool, which needed to determine if each survey participant was trauma informed. The survey participants were contacted from a variety of organizations that worked with potential victims of psycho-emotional trauma. The survey participants covered a range of different positions within the organizations, such as: youth workers, counsellors, directors, administrators, police chiefs, clinicians, coordinators, managers, and therapists. To begin the project, background research was necessary to formulate ideas for the specific questions. This was explored through a literature review, with the research being focused on:

- The different definitions of trauma;

- How common it is;

- Different types;

- Primary causes of trauma;

- The trauma networks that are out there and their views, and;

- If any research has been completed on trauma education.

After obtaining a firm foundation in trauma from the literature, the next step was to determine which organizations (specifically organizations with front-line workers) would participate in the survey. Inclusion in the survey was determined by two factors. First, the organizations had to be located and operating within Peterborough City and County. This included the City of Peterborough and the townships of Cavan-Monaghan, Otonabee-South Monaghan, Asphodel-Norwood, Douro-Dummer, Havelock-Belmont-Methuen, North Kawartha, Trent Lakes, and Selwyn. Secondly, the organizations' daily operations had to include working

with potential victims of trauma. The latter condition was not restricted to organizations whose top priority was dealing with trauma; for instance, it could include police services, high school guidance counsellors, or legal counsel. These are services that work with potentially trauma-afflicted individuals, but are not primarily focused on treating victims. Originally 33 survey participants were compiled in total, but with TIP's aid, that number grew to 42.

The survey questions were drafted by the researcher and reviewed by Trauma Informed Peterborough. As many as 20 questions were originally created, but were narrowed down to 13. The question total was reduced to ensure that the survey was not too lengthy. The survey was designed to take participants about 10-20 minutes. The question formats included multiple choice, yes/no and questions with a scale of 1-5, with all of the questions featuring a comment box. The list of questions used in the survey can be located in Appendix A. The survey was distributed to participant's work email addresses. The survey participants would be able to complete the survey at their leisure, and it would ensure responses would hopefully return in a timely manner. The specific survey tool used was Survey Monkey (www.surveymonkey.com), a free survey building website. The survey was sent out on January 27th, 2015 and was completed on February 10th, 2015. The content of the email that was sent to each organization can be located in Appendix B.

Results

Research results were obtained from two sources: the literature review and online survey. The results from the literature review that are pertinent to the current project stem specifically from the literature discovered on the effects of trauma education; the other sections were completed to formulate ideas for the specific survey questions. The literature review began by looking at different definitions of trauma. Trauma can be interpreted as a distressing experience or the emotional response to said experience. Trauma can also be described as an event that overwhelm normal human adaptations to life. How trauma affects someone varies by individual.

There are multiple types of trauma, such as: post-traumatic stress disorder (PTSD), complex trauma, psychological trauma, psycho-emotional trauma and developmental trauma. Trauma can be caused by extreme scenarios (disasters, physical/sexual assault, accidents, and witnessing horrendous injuries) and more overlooked causes, such as: sports injuries, racism, and surgery. Certain events may invoke a traumatic response in some individuals, but not in others. The final area of the literature review looked at trauma education. Some sources recognize that improved trauma education is synonymous with an improvement in the quality of care. Trauma informed services are also viewed as beneficial when working with potential victims of trauma. For the literature review in its entirety, please refer to Appendix E.

Nineteen individuals responded to the online survey. Two participants left the majority of the survey incomplete, so they will be discounted from the final results. The final tally for the survey was 17 respondents of the initial 42 polled (approximately a 40.5% return rate). The results were collected from the thirteen survey questions, which were grouped into four categories: Awareness/Language (questions 2-5), About Your Organization (questions 6-8),

About Your Staff (questions 9-11), and Future Benefits (12-13). For the full list of survey

questions, please refer to Appendix A.

Awareness/Language

The first question (Question 2) of the survey inquired whether psycho-emotional trauma

was discussed in the organization, as well as what levels (management, policy, front-line workers,

training, casual discussion) psycho-emotional trauma is discussed. The following table (Table 1)

shows the distribution of responses from the 17 survey participants:

| Discussed in your...	Yes	No	Total
Organization	14 (82.35%)	3 (17.65%)	17
Management	11 (73.33%)	4 (26.67%)	15
Policy	6 (46.15%)	7 (53.85%)	13
Front-line worker	15 (93.75%)	1 (6.25%)	16
Training	12 (80.00%)	3 (20.00%)	15
Casual Discussion	12 (92.31%)	1 (7.69%)	13

Table 1: Question 2 Response Distribution

Out of 17 respondents, 14 (82.35%) discuss psycho-emotional trauma in their organization.

Considering the demographic surveyed (organizations with front-line workers), the result that the

majority of the organizations that discuss psycho-emotional trauma is expected. The policy level

of an organization is where psycho-emotional trauma is discussed the least, and the front-line

workers are generally where psycho-emotional trauma is discussed the most. Comments from

participants for this question include: acknowledgement that clients have a trauma background

and an awareness for the need for trauma informed principles and to become a trauma informed

agency.

The next question of the awareness/language section (Question 3) asked whether an

organization uses alternate language to describe psycho-emotional trauma. Out of 17

respondents, 12 (70.59%) use an alternate form of language to describe psycho-emotional trauma.

The most common alternative used is post-traumatic stress disorder (PTSD). Other alternate

language used are: complex trauma, trauma related, compassion fatigue, burnout, vicarious

trauma, traumatized, victimized and occupational stress injury.

The next question of the awareness/language section (Question 4) asked how trauma

informed an organization's board, policy, management, workers and external workers were.

Responses were collected using a scale of 1-5, where 1 is no trauma thinking and 5 is very

trauma informed. The following graph (Figure 3) shows the average responses from 16

respondents:
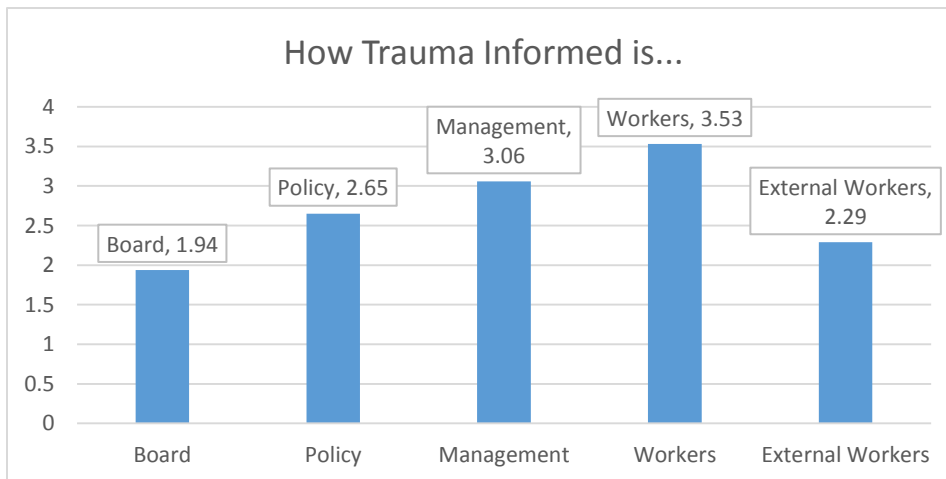
Figure 3: Average of Question 4 Responses

The average responses, from the most trauma informed to least trauma informed, were: workers

(3.53), management (3.06), policy (2.65), external workers (2.29), and board (1.94).

The final question of the awareness/language section (Question 5) asked whether there

was a policy statement (in the organizations of the survey participants) that was dedicated to

trauma informed principles. Out of the 15 participants that answered this question, 3 (20.00%)

had a policy statement dedicated to trauma informed principles and 12 (80.00%) did not. The

twelve organizations that did not have such a policy statement expressed desire to improve education at the policy level with a statement that incorporated trauma informed principles.

About Your Organization

The first question of the organization section (Question 6) inquired how an organization worked and identified itself. The options were: trauma specific, trauma informed, or trauma curious. The following table (Table 4) shows the distribution of responses:

Choice	Responses
Trauma specific	5 (31.25%)
Trauma informed	4 (25.00%)
Trauma Curious	4 (25.00%)
Other	3 (18.75%)
Total	**16**

Table 4: Distribution of Responses for Question 6

Sixteen participants answered the question. There was a fairly equal distribution between organizations that worked in trauma specific (31.25%), trauma informed (25.00%), and trauma curious (25.00%) manners. There was also a response for "other", which accounted for 18.75% of respondents. The respondents that selected "other" specified how their organizations worked through the comments section. The comments suggest that these organizations work in trauma specific, trauma informed and trauma curious ways. The differentiation depends on various sectors within the organization. How an organization works varies across clinicians according to client readiness, preparation and preferences. Police officers are given appropriate referrals depending on the incident, and can come from mental health workers, victim services or a community development coordinator.

The next question of the organization section (Question 7) asked the participants to estimate the percentage of clients that show symptoms of psycho-emotional trauma. The

following graph (Figure 5) shows distribution of the organizations' responses, using the

categories of 0-20%, 20-40%, 40-60%, 60-80% and 80-100%:
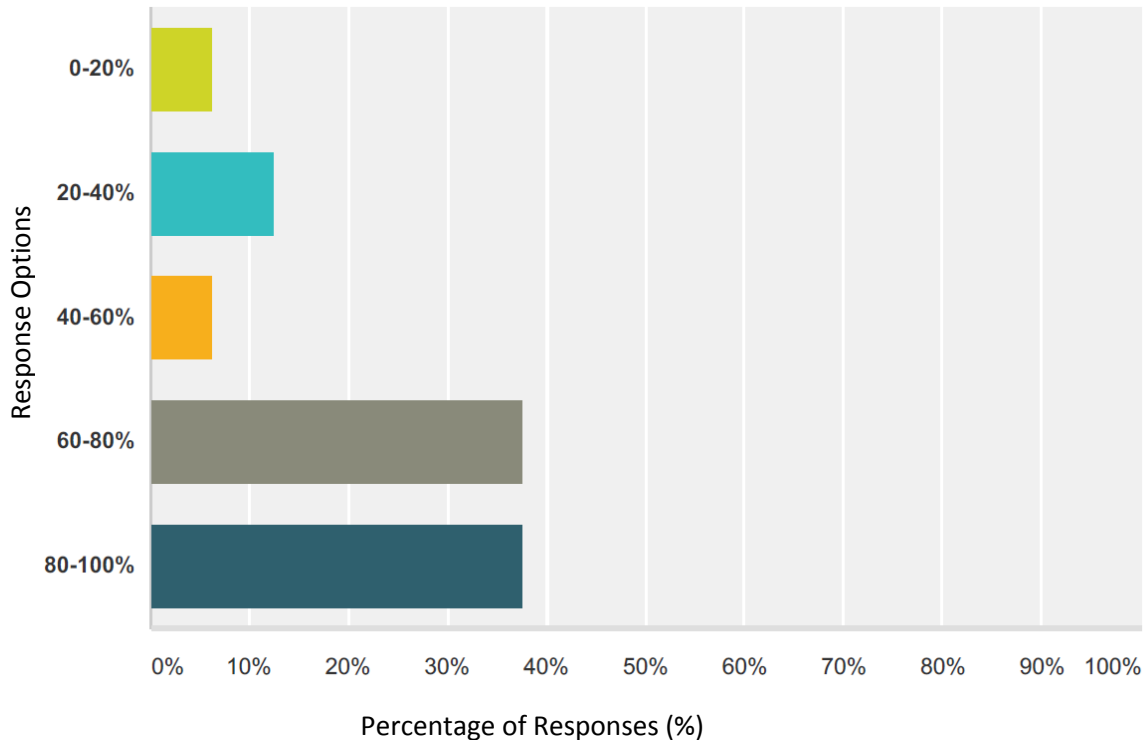
Figure 5: Distribution of Responses for Question 7

Sixteen participants answered the question. The results showed that 75.00% of organizations

believe that over 60% of clients show symptoms of psycho-emotional trauma.

The final question of the organization section (Question 8) asked whether the participants

have any protocol or training documents that address the issue of trauma, and if the participants

would be willing to share these documents. Out of the 15 participants that responded to the

question, 7 (46.67%) do have protocol or training documents that address trauma and 8 (53.33%)

do not. Organizations that indicated they did not have any training documents that address

trauma feature alternatives, such as models for staff and well-being. One respondent stated that

they are in the progress of working with clinical professionals to provide training to front-line

staff. Select organizations would be willing to share the training documents. One document that was shared is: *Trauma Practice- Tools for Stabilization and Recovery*.

About Your Staff

The first question of the staff section (Question 9) inquired as to whether organizations ask questions about trauma and trauma informed skills during job interviews. Out of the 15 participants that answered the question, 8 (53.33%) ask job applicants questions about trauma and 7(46.67%) do not.

The next question of the staff section (Question 10) asked participants whether their staff has received training on trauma and its impacts. Out of the 16 that responded, 12 (75.00%) train their staff on trauma and its impacts, and 4 (25.00%) do not. The comments from the respondents offered insight into how training is received, how frequently it is given, and what is holding organizations back. Staff from the various organizations receive training through external workshops (*Trauma-Informed Complex Cases* workshop, November 2014), as well as clinical and group supervision. Some staff of a few respondents have attended workshops on trauma and its impacts via CAMH (Centre for Addiction and Mental Health) and CAST Canada. In the clinician setting, the level of training varies as most are self-directed in choosing their professional education. A police department received training from CIT (Crisis Intervention Training). One organization's staff received training from Dr. Anna Baranowsky (CEO, Founder and Director, Traumatology Institute) and Dr. Robert Leahy (Director, The American Institute for Cognitive Therapy). Training opportunities are hindered by limited resources and funding. Training in some instances is individually sought and paid for.

The final question of the staff section (Question 11) asked three different questions about supporting staff. The questions, as well as the distributions of the results, can be seen in the following table (Table 9):

Choice	Yes	No	Total
Do you provide support to your staff that have experienced vicarious trauma through this line of work?	13 (81.25%)	3 (18.75%)	16
Do your staff receive clinical supervision?	7 (43.75%)	9 (56.25%)	16
Do you hold group debriefing to share knowledge on working with trauma?	10 (62.50%)	6 (37.50%)	16

Table 9: Distribution of Responses for Question 11

Future Benefits

The first question of the future benefits section (Question 12) asked whether participants would collaborate with the board, management, staff, clients and other organizations when developing new trauma informed services. The following table (Table 10) shows the distribution of areas that the survey participants would be willing to collaborate with:

Choice	Responses
Board	11 (68.75%)
Management	14 (87.50%)
Staff	16 (100.00%)
Clients	15 (93.75%)
Other Organizations	14 (87.50%)
Total Respondents	**16**

Table 10: Distribution of Responses for Question 12

The results and comments demonstrated that the participants believe collaboration is essential to improving services in the area of trauma education.

The final question of both the future benefits section and the survey (Question 13) asked whether participants would be interested in learning more about Trauma Informed Peterborough. The responses showed that 4 (25%) are already involved with TIP, 9 (56.25%) would like to learn more about TIP, and 3 (18.75%) are not interested.

Discussion

The results of the survey were separated into four different sections (Awareness/Language, About Your Organization, About Your Staff, Future Benefits). Each section contained significant results that were related directly to the original research questions.

The first section, Awareness/Language, featured results from four survey questions. The results from this section showed that an improvement was needed at the policy level. Not only was psycho-emotional trauma generally not being discussed at the policy level, the majority of organizations polled did not have a trauma informed statement in their policy. This result was interesting, as many of the organizations polled work to treat trauma in clients. The fact that trauma is not generally discussed at the policy level, primarily with a statement about trauma, raises questions. Many of the organizations are possibly not working in a trauma informed manner, or are unaware of it, which results in the lack of a trauma informed policy statement. Trauma informed care works at all levels, including policy. The majority of trauma discussion occurs at the front-line worker level, where the most contact with victims of trauma occurs. Resources and discussion are at present focused in the front-line worker area. The respondents have recognized the absence of a trauma informed policy statement. Organizations want this remedied with a statement in their policy that is dedicated to trauma informed principles. The result that organizations want an improved policy statement reflects the third research question: is there a desire for workplace education support?

The next major result from this section is in regards to an organization's language. TIP needs to be aware when preparing trauma education for organizations, since most of the organizations that took part in the survey stated that they use alternate language (PTSD being the

14

most common alternative). Questions need to be directed towards the organizations that use PTSD, since the organizations may be using PTSD as a misnomer to describe clients with psycho-emotional trauma. These organizations might also have clients with PTSD in addition or opposed to clients with psycho-emotional trauma. Adopting alternate language could help TIP develop education specific to each organization by understanding specific practices and methodology.

The final result for this section related directly to one part of the second research question: are organizations trauma informed at all levels? The results indicated that the board and the front-line workers of an organization are the least and most trauma informed, respectively. The board of an organization generally sets the organizational policies. If a policy statement lacks trauma informed principles, it is probable that the board will reflect this. The board level could be uneducated in trauma informed principles. It is expected that the front-line workers are the most trauma informed, as front-line workers have direct contact with the clients. In terms of the board, TIP will be able to focus on increasing education at that level for the organizations that require it. TIP could supply workshops, literature or other means of education designed to introduce trauma informed care to the different levels of an organization. A trauma informed board could influence other levels of an organization, especially the policy statements and hiring of new staff.

The second section, About Your Organization, was comprised of questions that made inquiries about how an organization operates, the amount of clientele that show symptoms of psycho-emotional trauma, and protocol and training documents. By knowing about the organizations that are trauma specific, trauma informed and trauma curious, TIP can understand each organization's level of trauma awareness. TIP will be able to direct their efforts and

resources to the organizations that identify as trauma curious. One survey participant's response

was, "Trauma specific when needed, trauma informed most of the time, always trauma curious…"

This statement shows adaptability and a desire for improvement and change. The response

acknowledges that some areas require more trauma education than others, but the organization is

flexible and willing to improve services when needed.

The next major result from this section showed that 75% of the organizations surveyed

believe that over 60% of clients show symptoms of psycho-emotional trauma. This result can be

related to the first research question: who are the front-line workers in Peterborough City and

County? The organizations that recognize the presence of psycho-emotional trauma in their

clients would be ideal for TIP's network. Acknowledging that clients may be suffering from

trauma is the first step to implementing trauma informed care.

The demographic that was surveyed is important to take into consideration when

interpreting the final results. The methodology stated that survey participants had to be working

with potential victims of trauma. This condition was implemented to discover organizations that

would be suitable for TIP's network. The condition that determined inclusion in the survey and

the actual survey participants are different. Firstly, 25% of the survey participants stated that

they are already involved in TIP's network. This introduced a bias into the survey, as TIP

already knows about these organizations and how trauma informed are these organizations.

Secondly, consideration must be taken for the participants who responded to the survey. Of the

original 42 surveys that were sent out, 17 fully responded. The ones that responded understood

the significance of trauma informed care and trauma education. This result is a positive outcome

in relation to TIP's efforts; it shows the organizations that would like to make an effort to

improve current services. What about the organizations that didn't respond to the survey? It

could have been for a number of reasons, such as: time constraints, lack of interest or ethical considerations. Regardless of the reason, TIP needs to attempt to make contact with those organizations. The organizations that did not respond to the survey could employ front-line workers, relating those organizations to the first research question. Alternatively a non-response might not suggest no trauma knowledge or interest; it is just a non-response. Any speculation on the level of trauma awareness in the organizations that did not respond would be purely at TIP's discretion, as this researcher does not know enough about those organizations. TIP would also have knowledge of those that did not respond that are already a part of TIP's network.

The third section, About Your Staff, answered questions about interviewing job applicants, staff training and support for staff. About half of the organizations do not ask questions about trauma and trauma informed skills during job interviews. The majority of organizations polled stated that their staff are trained on trauma and its impacts. Regardless of whether applicants possess skills related to trauma, organizations will generally train their staff. Training is supplied from a source external to the organization. Although 75% of the organizations polled stated that their staff are trained on trauma and its impacts, many still want more training. Organizations do not have the resources themselves to train their staff, and are also limited by funding. This result answers the third research question: is there a desire for workplace education support? Organizations that would like more staff training recognize the importance of having trained staff, as staff and volunteers have the most contact with clients suffering from trauma.

The final section, Future Benefits, showed the importance of collaboration when developing new trauma informed services. The majority of organizations polled acknowledge that collaboration is required to further understand the needs of those in the community with

traumatic experiences. This result answers the second research question: what is their (the organizations with front-line workers) appreciation for the need for trauma informed services? The final result reflected both the second and third research question. Over 50% of the organizations polled want to be involved with TIP. The organizations' desire to be involved not only shows that the organizations are receptive to change and improvement (a desire for workplace education support), but also shows that the organizations have an appreciation for the need for trauma informed services.

The results gleaned from the survey support the results found from the literature review. Many organizations have different definitions of trauma, which can also be seen in the literature. PTSD is a common type of trauma that has been acknowledged by the survey respondents. The literature also showed few scientific studies on the effects of trauma informed care and trauma education. The studies that were found showcased the potential for trauma education. The survey demonstrated that not all organizations incorporated a trauma informed model in their work, but many showed a desire to improve services and adopt a trauma informed model. Two components of trauma informed care were found in the literature review that can be applied to interested organizations. The organizations can provide support to their clients and understand the client's experience of trauma or victimization. A collaborative nature between the front-line workers and the clients was also stressed in the literature. Organizations that participated in the survey acknowledge collaboration with clients is important and expand the need for collaboration with other areas, such as the board, management, staff and other organizations.

The results and conclusions from the current project could be supported and improved by future research. The survey was comprised of specific questions directed towards organizations with front-line workers. The goal of the survey was to answer the research questions. Even

though a comment box was available for every question, the survey was still restricted to those questions. TIP could interview the organizations that have showed interest to be involved in TIP's network. Interviews could provide a greater insight into an organization's level of trauma awareness.

Through the survey, the third research question (a desire for workplace support) has been answered. Further research is necessary to explore the second part of the third research question: what mode of delivery would each individual organization prefer? TIP can achieve this through direct contact with the organizations interested in improving services and that showed a desire to join TIP's network.

The current project has answered the majority of the research questions. The project identified the organizations with front-line workers to be viable candidates for TIP's network. There was an appreciation for the need for trauma informed services, as trauma informed knowledge was not present for every level of the organizations. Finally, there was a desire for workplace education support. The majority of organizations showed great enthusiasm for improvement in their services, mainly in areas of: policy statements, staff training, trauma informed principles, collaboration to develop new services, and becoming involved with TIP's network.

This project has been beneficial to the community. Through the process of distributing the survey and getting responses from organizations with front-line workers, the level of trauma awareness has been raised in Peterborough City and County.

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Appendix Summaries

Appendix A (p.22-23) contains the 13 questions that were used in the survey. Appendix

B (p.24-25) contains the contents of the email that was sent to each participant, explaining the

project. Appendix C (p.26-58) features the qualitative data and individual responses from the

survey participants. Appendix D (p.59-65) features quantitative data and the collective responses

of all participants. These results are portrayed through graphs and charts. Since the first

question of the survey contains confidential information about the respondent, that question will

be omitted from Appendices C and D. Nineteen individuals responded to the survey, however

only 17 will be considered in the results. The 4th and 19th respondents have been excluded since

they did not fully complete the survey. Appendix E (p.66-73) contains the literature review that

was completed on trauma and trauma education.

Appendix A: Survey Questions

1. Name: Organization: Position:

Awareness/Language

2. Is the issue of psycho-emotional trauma one that is discussed in your organization? (Y/N)
   At what level? Management, policy, front-line worker, training, casual discussion? (Tick boxes, open end for comments).
3. Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use? (Y/N + box for comments)
4. Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed) how trauma informed would you say your:
   a. Board is?
   b. Policy is?
   c. Management is?
   d. Workers are?
   e. External communications are?
5. Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one? (Comment box)

About your organization

6. Does your organization work in a way that is:
   a. Trauma specific- that is, trauma is an issue being directly addressed.
   b. Trauma informed- clients having trauma is an issue but it is not the focus of the work (for example, secure stable housing)
   c. Trauma curious- you are aware that trauma is a factor in your clients' lives but are not sure how to approach these concerns
   d. Other (Comment box)
7. What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
   a. 0-20%
   b. 20-40%
   c. 40-60%
   d. 60-80%
   e. 80-100%
8. Do you have any protocol or training documents that address the issue of trauma? (Y/N) Would you be willing to share any of them? (Comment box)

About your staff

9. When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills? (Y/N + comment box)
10. Has your staff received training on trauma and its impacts? If so, from who and when? How is the training you offer sustained by your staff? (Y/N + comment box)
11. Do you provide support to your staff that have experienced vicarious trauma through this line of work? (Y/N)
    -Do your staff receive clinical supervision? (Y/N)
    -Do you hold group debriefing to share knowledge on working with trauma? (Y/N)

Future Benefits

12. If you were to develop new trauma informed services, would you collaborate with:
    a. Board
    b. Management
    c. Staff
    d. Clients
    e. Other Organizations
13. Do you want to be contacted to learn more about TIP? (Y/N + comment box)

Appendix B: Email Contents

Subject Line: Improving Peterborough and local Trauma Education- you can help!

Trauma Informed Peterborough- Where are we now? What do we need? A Short Survey aimed at Improving Trauma Informed Services and Education in our Community.

Good morning/afternoon,

My name is Patrick Mueller and I am a fourth-year Forensic Science major at Trent University. I am completing a community-based research project through the Trent Centre for Community Based Education (TCCBE). I am doing research on the level of trauma awareness in Peterborough City and County on behalf of Trauma Informed Peterborough (TIP). TIP's goal is to raise awareness of the role of identifying, and being able to deal with, psycho-emotional trauma in the clients of front line social service providers. TIP would like to evaluate the level of trauma awareness in Peterborough City and County, through the means of a survey directed towards organizations with front-line workers who interact with clients that could be suffering from psycho-emotional trauma. We would very much appreciate it if you or an appropriate colleague, on behalf of your organization, could participate in the survey thus telling us how trauma-informed your organization, management and workers are.

Survey link: https://www.surveymonkey.com/s/HT22HTG

What do we mean by psycho-emotional trauma?

As working with people is part of your daily operations, it is important to recognize when your clients are afflicted with psycho-emotional trauma. Trauma need not be limited to a physical event; an event can be traumatic if it contradicts one's worldview and overpowers one's ability to cope. Trauma is a normal human response that can become detrimental if untreated. Being trauma-informed means being able to recognize the presence of trauma in your client and being able to deal with it effectively.

All the information gathered from the survey will be kept confidential. The answers to this survey will be kept confidential and all data received will be encrypted. A written report will be created and published with the information that is gathered from this survey. If you desire, a copy of the report can be sent to you. If you wish to receive further information about TIP, your contact information and email will be kept on file, but will not be identified in any reporting.

I thank you in advance for taking the time to complete this survey. If you would like to contact myself (patrickmueller@trentu.ca), my host supervisor Becca Partington (becca@cast-canada.ca), my academic instructor Sharon Beaucage-Johnson (sharonbeaucage@trentu.ca) or my supervisor from TCCBE John Marris (johnmarris@trentcentre.ca), please do not hesitate to do so. Furthermore if you would prefer a phone survey in order to better articulate your ideas, feel free

to call me. It would be very much appreciated if you could finish the survey in two weeks' time, by February 10th.

Regards,

Patrick Mueller

Appendix C: Individual Results

This appendix features the qualitative data and individual responses from the survey participants. Since the first question asked contains confidential information about the respondent, that question will be omitted from this appendix. Nineteen individuals responded to the survey, however only 17 will be considered in the results. The 4th and 19th respondents have been excluded since they did not fully complete the survey.

#1

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? No
Policy? No
Front-line worker? Yes
Training? Yes
Casual discussion? Yes

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
Yes,
Comments:
PTSD, complex trauma, trauma-related, etc.

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 1
Policy is? 2
Management is? 2
Workers are? 5
External Communications are? 3

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
Services are based on a trauma-informed model at the delivery level (with clinicians) but work still needs to be done to educate at the policy development level.

Q6: Does your organization work in a way that is: Other (please specify)
It varies across clinicians. I address trauma directly according to client readiness/preparation/preferences, but this is not always the case in our service.

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
80-100%

Q8: Do you have any protocol or training documents that address the issue of trauma?
Yes,
Would you be willing to share any of them?
These are specific to my training and book collection as a clinician.

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
Yes

Q10: Has your staff received training on trauma and its impacts?
Yes,
If so, from who and when? How is the training you offer sustained by your staff?
Various trainings and workshops. Level of training varies by clinician as most are self-directed in choosing their professional education/development

Q11: Please answer the following:
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
No
Do you hold group debriefing to share knowledge on working with trauma?
Yes

Q12: If you were to develop new trauma informed services, would you collaborate with:
Board, Management, Staff, Clients, Other Organizations

Q13: Do you want to be contacted to learn more about Trauma Informed Peterborough?
Yes
Comments:
I am already involved with TIP

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? Yes
Policy? Yes
Front-line worker? Yes
Training? Yes
Casual discussion? No
Comments:
Most of our clients have a trauma background, many complex trauma

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
Yes,
Comments:
I use PTSD if client comes with this language and then explain in terms of emotions, defense mechanisms etc.

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 2
Policy is? 3
Management is? 3
Workers are? 5
External Communications are? 4

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
Occupational health and safety has a policy on harassment which includes terms referring to emotionally abusive behaviour. Yes a clearer trauma policy statement would be helpful. No services are not necessarily founded in a particular trauma model

Q6: Does your organization work in a way that is: Trauma specific- that is, trauma is an issue being directly addressed.

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
80-100%

Q8: **Do you have any protocol or training documents that address the issue of trauma?**
Yes,
Would you be willing to share any of them?
Possibly depending on how information is requested (ie what form of sharing)

Q9: **When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?**
Yes

Q10: **Has your staff received training on trauma and its impacts?**
Yes

Q11: **Please answer the following:**
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
No
Do you hold group debriefing to share knowledge on working with trauma?
No

Q12: **If you were to develop new trauma informed services, would you collaborate with:**
Board, Management, Staff, Clients, Other Organizations,
Comments:
Board involvement would be optimal if they were open to the idea

Q13: **Do you want to be contacted to learn more about Trauma Informed Peterborough?**
Yes
Comments:
Already involved with CAST Canada

<u>**#3**</u>

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? Yes
Policy? No
Front-line worker? Yes
Training? Yes
Casual discussion? Yes
Comments:
Highest level of interest is from front-line staff. There is no clear policy or specific program developed as yet.

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
Yes,
Comments:
PTSD, BPD that is often based in trauma

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 2
Policy is? 2
Management is? 3
Workers are? 4
External Communications are? 3

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
Not that I know of. Yes it would be helpful. Individual staff have accessed training based on their own interest and awareness.

Q6: Does your organization work in a way that is: Trauma specific- that is, trauma is an issue being directly addressed.

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
60-80%

Q8: Do you have any protocol or training documents that address the issue of trauma?
No

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
Yes

Q10: Has your staff received training on trauma and its impacts?
Yes
If so, from who and when? How is the training you offer sustained by your staff?
This varies from staff to staff

Q11: Please answer the following:
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
No
Do you hold group debriefing to share knowledge on working with trauma?
Yes
Comments:
Much of the support is informal

Q12: If you were to develop new trauma informed services, would you collaborate with:
Management, Staff, Clients, Other Organizations

Q13: Do you want to be contacted to learn more about Trauma Informed Peterborough?
Yes

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? Yes
Front-line worker? Yes
Training? Yes
Comments:
We actually have a research informed care wellness model that addresses all of the issues. Compassion fatigue, burnout etc. It included and EAP component, annual debriefing for all employees - group and individual- peer support teams, crisis intervention supports etc.

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
Yes
Comments:
Compassion satisfaction, burnout, vicarious trauma

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 1
Policy is? 4
Management is? 3
Workers are? 2
External Communications are? 1

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
We do I am saying that our wellness model is our policy statement. We also have policies from a health and safety perspective that incorporate the new health and safety legislated standards

Q6: Does your organization work in a way that is: Trauma specific- that is, trauma is an issue being directly addressed.

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
60-80%,
Comments:
Just a guess

Q8: **Do you have any protocol or training documents that address the issue of trauma?**
No
Would you be willing to share any of them?
No protocol for clients. Model for staff, well-being yes we would share

Q9: **When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?**
No

Q10: **Has your staff received training on trauma and its impacts?**
Yes

Q11: **Please answer the following:**
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
Yes
Do you hold group debriefing to share knowledge on working with trauma?
Yes

Q12: **If you were to develop new trauma informed services, would you collaborate with:**
Board, Management, Staff, Clients, Other Organizations

Q13: **Do you want to be contacted to learn more about Trauma Informed Peterborough?**
No

#6

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? Yes
Policy? No
Front-line worker? Yes
Training? No
Casual discussion? Yes
Comments:
There are a notable amount of clientele who access our service with psycho-emotional trauma.

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
Yes
Comments:
PTSD, traumatized, very wounded, victimized

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Workers are? 4
Comments:
We do not have a board. I am not aware of policy. Does external communication refer to making referrals?

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
I don't believe so. I would not be the one which you would discuss whether we would like such a policy.

Q6: Does your organization work in a way that is: Trauma informed- clients having trauma is an issue but it is not the focus of the work (for example, secure stable housing)

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
20-40%

Q8: Do you have any protocol or training documents that address the issue of trauma?
No

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
Comments:
I do not do the hiring

Q10: Has your staff received training on trauma and its impacts?
No

Q11: Please answer the following:
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
No
Do your staff receive clinical supervision?
No
Do you hold group debriefing to share knowledge on working with trauma?
No
Comments:
We have not experienced such levels of trauma in the needs we meet over two to three month time periods

Q12: If you were to develop new trauma informed services, would you collaborate with:
Board, Management, Staff, Clients, Other Organizations,
Comments:
Yes I think it is important to be able to be more educated to meet and understand further the needs of those and what they have experienced in our community

Q13: Do you want to be contacted to learn more about Trauma Informed Peterborough?
Yes
Comments wunderwood@saptbo.org

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? Yes
Policy? Yes
Front-line worker? Yes
Training? Yes
Casual discussion? Yes

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
Yes
Comments:
Both

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 3
Policy is? 3
Management is? 4
Workers are? 4
External Communications are? 3
Comments:
Money holds us back

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
We have policies that reflect a number of principles; trauma being one

Q6: Does your organization work in a way that is: Trauma specific- that is, trauma is an issue being directly addressed.

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
60-80%

Q8: Do you have any protocol or training documents that address the issue of trauma?
Yes,
Would you be willing to share any of them?
We share by training others as we see ourselves as experts in this particular area

Q9: **When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?**
Yes

Q10: **Has your staff received training on trauma and its impacts?**
Yes,
If so, from who and when? How is the training you offer sustained by your staff?
Clinical supervision and group supervision

Q11: **Please answer the following:**
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
Yes
Do you hold group debriefing to share knowledge on working with trauma?
Yes

Q12: **If you were to develop new trauma informed services, would you collaborate with:**
Staff, Clients

Q13: **Do you want to be contacted to learn more about Trauma Informed Peterborough?**
No,
Comments:
Already familiar

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? Yes
Front-line worker? Yes
Training? Yes
Casual discussion? Yes

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
Yes
Comments:
The "PTSD" term is used a lot in discussions regarding client behaviour and care planning.

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 3
Policy is? 2
Management is? 4
Workers are? 4
External Communications are? 1

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
Because we are not clinically qualified, we tend to avoid statements that infer such knowledge and qualifications. However, I would like to see one and would like our services to reflex trauma informed principles

Q6: Does your organization work in a way that is: Trauma curious- you are aware that trauma is a factor in your clients' lives but are not sure how to approach these concerns

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
80-100%

Q8: Do you have any protocol or training documents that address the issue of trauma? Would you be willing to share any of them?
Nothing official at this time. We are working with clinical professionals to do "101" training with front-line staff.

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
No

Q10: Has your staff received training on trauma and its impacts?
Yes
If so, from who and when? How is the training you offer sustained by your staff?
Training resources (including funding) are very limited. A couple of staff have attending workshops on trauma and its impacts via CMAH

Q11: Please answer the following:
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
No
Do your staff receive clinical supervision?
No
Do you hold group debriefing to share knowledge on working with trauma?
No
Comments:
I have said no to these, although we do provide "ad hoc" support and we do have some clinical support to help oversee client care plans and actions. However, we are not doing this things in a definite and prescribed way.

Q12: If you were to develop new trauma informed services, would you collaborate with:
Management, Staff, Clients, Other Organizations

Q13: Do you want to be contacted to learn more about Trauma Informed Peterborough?
Yes
Comments:
ABSOLUTELY!!!!

#9 (This respondent only answered questions 2-5. Only these responses will be included)

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? No
Comments:
Not in the Foundation. Possibly in the Centre.

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
No

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 2
Policy is? 2
Management is? 3
Workers are? 2
External Communications are? 2

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
No, no, sure, no

#10

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? Yes
Policy? No
Front-line worker? Yes
Training? No
Casual discussion? Yes

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
No

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 1
Policy is? 3
Management is? 3
Workers are? 3
External Communications are? 1

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
No

Q6: Does your organization work in a way that is: Trauma informed- clients having trauma is an issue but it is not the focus of the work (for example, secure stable housing)

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
0-20%

Q8: Do you have any protocol or training documents that address the issue of trauma?
No

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
No

Q10: Has your staff received training on trauma and its impacts?
No

Q11: **Please answer the following:**
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
Yes
Do you hold group debriefing to share knowledge on working with trauma?
No

Q12: **If you were to develop new trauma informed services, would you collaborate with:**
Staff, Clients, Other Organizations

Q13: **Do you want to be contacted to learn more about Trauma Informed Peterborough?**
Yes

#11

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? Yes
Policy? Yes
Front-line worker? Yes
Training? Yes
Casual discussion? Yes

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
No

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 3
Policy is? 4
Management is? 4
Workers are? 4
External Communications are? 3

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
No explicit statement. Services are not founded on a trauma-informed model but it is something that staff and volunteers are trained to be aware of.

Q6: Does your organization work in a way that is: Trauma informed- clients having trauma is an issue but it is not the focus of the work (for example, secure stable housing)

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
80-100%

Q8: Do you have any protocol or training documents that address the issue of trauma?
No

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
Yes

Q10: **Has your staff received training on trauma and its impacts?**
Yes,
If so, from who and when? How is the training you offer sustained by your staff?
Yes, but limited direct training. November 2014 Trauma-Informed Complex Cases workshop

Q11: **Please answer the following:**
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
No
Do you hold group debriefing to share knowledge on working with trauma?
Yes
Comments:
Staff do not receive clinical supervision, but we work together with FourCast who offer clinical support and debriefing.

Q12: **If you were to develop new trauma informed services, would you collaborate with:**
Board, Management, Staff, Clients, Other Organizations

Q13: **Do you want to be contacted to learn more about Trauma Informed Peterborough?**
Yes

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? No
Policy? No
Front-line worker? Yes
Training? Yes
Casual discussion? Yes

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
Yes
Comments:
Admin -PTSD, vicarious trauma, compassion fatigue, occupational stress injury

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 1
Policy is? 3
Management is? 2
Workers are? 4
External Communications are? 4

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
No we do not have one, have not seen one, would be nice to have one, services applied based on independent knowledge solely

Q6: Does your organization work in a way that is: Trauma curious- you are aware that trauma is a factor in your clients' lives but are not sure how to approach these concerns

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
60-80%

Q8: Do you have any protocol or training documents that address the issue of trauma?
Yes

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
No

Q10: Has your staff received training on trauma and its impacts?
Yes
If so, from who and when? How is the training you offer sustained by your staff?
Only if individually sought and sometimes paid for. Nothing that is mandatory. Only two members out of 183 would likely have any trauma training

Q11: Please answer the following:
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
Yes
Do you hold group debriefing to share knowledge on working with trauma?
Yes

Q12: If you were to develop new trauma informed services, would you collaborate with:
Board, Management, Staff, Other Organizations

Q13: Do you want to be contacted to learn more about Trauma Informed Peterborough?
Comments:
Already involved with TIP. Thanks :)

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? Yes
Policy? Yes
Front-line worker? Yes
Training? Yes
Casual discussion? Yes

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
Yes
Comments:
Yes we use PTSD or Stress Injury or sometimes, Mental Health issue or concern

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 1
Policy is? 4
Management is? 4
Workers are? 4
External Communications are? 2
Comments:
We have 70 percent of our frontline officers trained in CIT, we have Mental Health workers in our service riding with our officers and assisting on calls, our administration has taken Mental Health in the workplace for leaders, training etc

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
Yes we do and not only do we have a mental wellness committee and training, we have an EAP protocol as well as Shepell mental health support for our officers and policies around mental health in the workplace that we are constantly upgrading and working on

Q6: Does your organization work in a way that is: Other (please specify)
Our officers are given the appropriate referrals and it is included in our reporting system that these referrals are made on incidents that require same. We are fortunate to have not only mental health workers to assist but also victims services branch who are great referrals and provide follow up for us and most recently a Community Development Coordinator position to assist our Officers

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
20-40%,
Comments:
This depends on what unit you are in for example victim services unit the number would be much higher, sexual assault, drug unit, frontline officers would be in the 20 percent range etc....

Q8: Do you have any protocol or training documents that address the issue of trauma?
Yes
Would you be willing to share any of them?
As noted in previous comments

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
Yes
Comments:
The Chief and myself include this in the final interview for all applicants

Q10: Has your staff received training on trauma and its impacts?
Yes
If so, from who and when? How is the training you offer sustained by your staff?
CIT (Crisis Intervention Training) EAP and Shepell

Q11: Please answer the following:
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
Yes
Do you hold group debriefing to share knowledge on working with trauma?
Yes
Comments:
All major incidents debriefed, certain jobs are required to undergo clinical supervision such as Internet Child Exploitation

Q12: If you were to develop new trauma informed services, would you collaborate with:
Board, Management, Staff, Clients,
Comments:
All the above are important depending on what group you are trying to inform

Q13: Do you want to be contacted to learn more about Trauma Informed Peterborough?
Yes
Comments:
Any information you want to pass on we are always appreciative of being better

<u>**#14**</u>

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? Yes
Policy? Yes
Front-line worker? Yes
Training? Yes
Casual discussion? Yes
Comments:
We are aware of the need to be trauma informed in order to be able to serve our members more effectively and compassionately

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
Yes
Comments:
I am not sure. We can tend to use both.

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 3
Policy is? 4
Management is? 4
Workers are? 3
External Communications are? 2
Comments:
There is always room for improvement. We could use more training for all staff to ensure that all staff and board are Trauma informed.

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
There are no specific statements re: Trauma. It would be good to incorporate a trauma informed model.

Q6: Does your organization work in a way that is: Other (please specify)
We work in various ways. Trauma Specific when needed, informed most of the time and always curious - because I am sure that there are better ways to approach some client concerns.

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
60-80%

Q8: Do you have any protocol or training documents that address the issue of trauma?
No

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
No,
Comments:
Not specifically but we should - I think that I will now.

Q10: Has your staff received training on trauma and its impacts?
Yes
If so, from who and when? How is the training you offer sustained by your staff?
CAST Canada - but need more so that all staff have the training. Day Service staff need to be trained so that they are not causing harm with interventions/interactions unknowingly.

Q11: Please answer the following:
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
No
Do you hold group debriefing to share knowledge on working with trauma?
Yes
Comments:
We are very open to discussing the needs of the staff especially when dealing with difficult situations with clients

Q12: If you were to develop new trauma informed services, would you collaborate with:
Board, Management, Staff, Clients, Other Organizations,
Comments:
Collaboration is important.

Q13: Do you want to be contacted to learn more about Trauma Informed Peterborough?
Yes
Comments:
I would very much like to be kept in the loop about Trauma Informed Peterborough

#15

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Front-line worker? Yes

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
Yes
Comments:
PTSD

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 3
Policy is? 3
Management is? 4
Workers are? 4
External Communications are? 3

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?
Not that I am aware of.

Q6: Does your organization work in a way that is: Trauma specific- that is, trauma is an issue being directly addressed.

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
80-100%

Q8: Do you have any protocol or training documents that address the issue of trauma?
Yes
Would you be willing to share any of them?
Trauma Practice - Tools for Stabilization and Recovery

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
Yes

Q10: **Has your staff received training on trauma and its impacts?**
Yes
If so, from who and when? How is the training you offer sustained by your staff?
Dr. Anna Baranowsky and Dr. Robert Leahy

Q11: **Please answer the following:**
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
Yes
Do you hold group debriefing to share knowledge on working with trauma?
Yes

Q12: **If you were to develop new trauma informed services, would you collaborate with:**
Board, Management, Staff, Clients, Other Organizations

Q13: **Do you want to be contacted to learn more about Trauma Informed Peterborough?**
No

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? Yes
Management? Yes
Policy? No
Front-line worker? Yes
Training? Yes
Comments:
We have become increasingly trauma aware and are trying to educate all staff and ultimately create a trauma-informed agency.

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
Yes
Comments:
Sometimes PTSD but most often trauma is the most understood.

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 4
Policy is? 3
Management is? 5
Workers are? 5
External Communications are? 4
Comments:
I think our Board has become more aware through management and staff input around the necessity of being trauma-informed in this work

Q5: Respondent skipped this question

Q6: Does your organization work in a way that is: Trauma informed- clients having trauma is an issue but it is not the focus of the work (for example, secure stable housing)

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
80-100%,
Comments:
Our clients and community members who come in who may not actually meet our criteria for support but have been excluded elsewhere.

Q8: Do you have any protocol or training documents that address the issue of trauma?
No

Q9: **When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?**
No

Q10: **Has your staff received training on trauma and its impacts?**
Yes

Q11: **Please answer the following:**
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
Yes
Do you hold group debriefing to share knowledge on working with trauma?
Yes
Comments:
Not formalized but we are getting better as a team in this area

Q12: **If you were to develop new trauma informed services, would you collaborate with:**
Board, Management, Staff, Clients, Other Organizations,
Comments:
Absolutely. An essential piece of working in the field, whatever the population

Q13: **Do you want to be contacted to learn more about Trauma Informed Peterborough?**
Yes,
Comments:
I already attend TIP meetings when possible and would like to learn as much as I can and keep informed as it evolves

<u>**#17**</u>

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? No
Management? No
Policy? Yes
Front-line worker? Yes
Training? Yes
Casual discussion? Yes

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
No

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 2
Policy is? 2
Management is? 2
Workers are? 2
External Communications are? 2

Q5: Respondent skipped this question

Q6: Does your organization work in a way that is: Trauma curious- you are aware that trauma is a factor in your clients' lives but are not sure how to approach these concerns

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
60-80%

Q8: Do you have any protocol or training documents that address the issue of trauma?
Yes

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
Yes

Q10: Has your staff received training on trauma and its impacts?
No

Q11: **Please answer the following:**
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
No
Do your staff receive clinical supervision?
No
Do you hold group debriefing to share knowledge on working with trauma?
No

Q12: **If you were to develop new trauma informed services, would you collaborate with:**
Board, Management, Staff, Clients, Other Organizations

Q13: **Do you want to be contacted to learn more about Trauma Informed Peterborough?**
Yes,
Comments:
You can contact me at carlo@youthunlimitedkaw.com thank you. Carlo

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
Discussed in your organization? No
Management? No
Policy? No
Front-line worker? No
Training? No
Casual discussion? Yes

Q3: Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?
No

Q4: Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:
Board is? 1
Policy is? 1
Management is? 2
Workers are? 1
External Communications are? 1

Q5: Respondent skipped this question

Q6: Does your organization work in a way that is: Trauma curious- you are aware that trauma is a factor in your clients' lives but are not sure how to approach these concerns

Q7: What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?
40-60%

Q8: Do you have any protocol or training documents that address the issue of trauma?
No

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
No

Q10: Has your staff received training on trauma and its impacts?
No

Q11: **Please answer the following:**
Do you provide support to your staff that have experienced vicarious trauma through this line of work?
Yes
Do your staff receive clinical supervision?
No
Do you hold group debriefing to share knowledge on working with trauma?
No
Comments:
Support is provided through extended benefits.

Q12: **If you were to develop new trauma informed services, would you collaborate with:**
Management, Staff, Clients, Other Organizations

Q13: **Do you want to be contacted to learn more about Trauma Informed Peterborough?**
Yes

Appendix D: Quantitative Results

This appendix features quantitative data and the collective responses of all participants. These results are portrayed through graphs and charts. Since the first question asked contains confidential information about the respondent, that question will be omitted from this appendix. Nineteen individuals responded to the survey, however only 17 will be considered in the results. The 4th and 19th respondents have been excluded since they did not fully complete the survey.

Q2: Is the issue of psycho-emotional trauma one that is discussed in your organization? At what level?
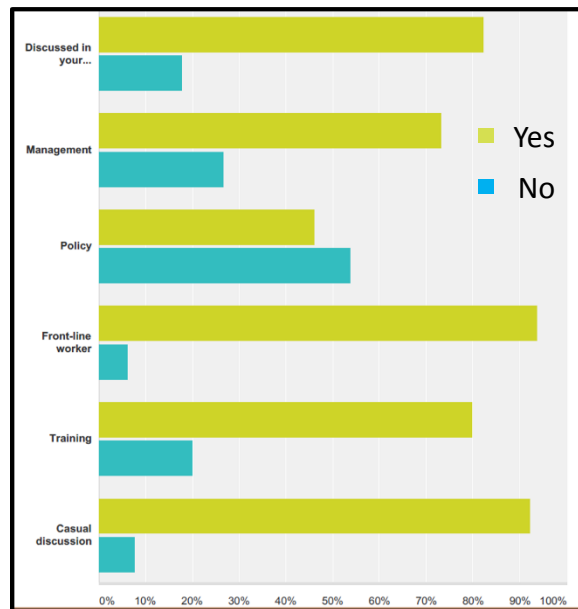
Figure 1: Question 2 Results

Discussed in your…	Yes	No	Total
Organization	14 (82.35%)	3 (17.65%)	17
Management	11 (73.33%)	4 (26.67%)	15
Policy	6 (46.15%)	7 (53.85%)	13
Front-line worker	15 (93.75%)	1 (6.25%)	16
Training	12 (80.00%)	3 (20.00%)	15
Casual Discussion	12 (92.31%)	1 (7.69%)	13

Table 1: Question 2 Results

Q3: **Does your organization use another form of language to describe something that looks much like psycho-emotional trauma, for example PTSD? Which language do you use?**
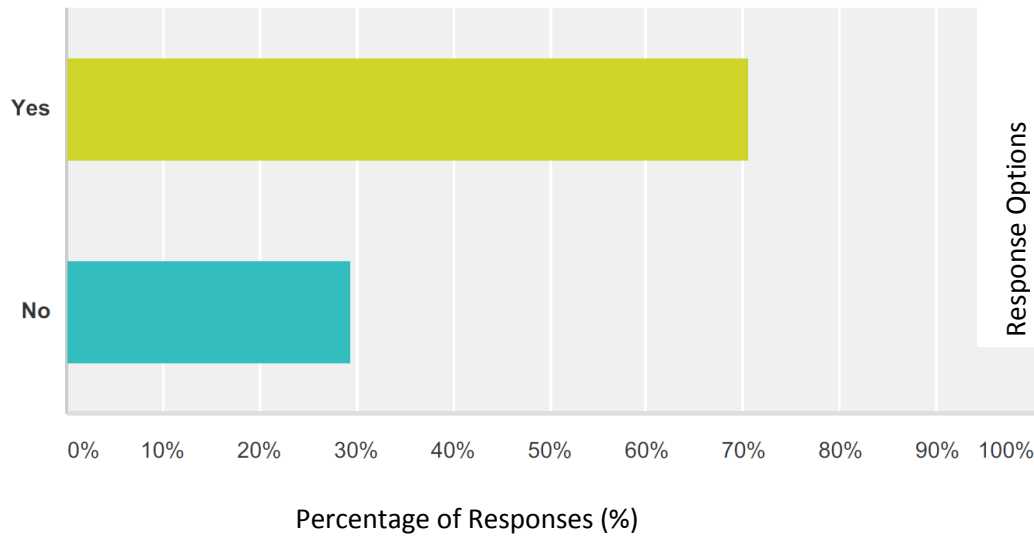

Figure 2: Question 3 Results

Choice	Responses
Yes	12 (70.59%)
No	5 (29.41%)
Total	**17**

Table 2: Question 3 Results

Q4: **Bearing in mind the potential for different language, on a scale of 1-5 (with 1 being no trauma thinking and 5 being very trauma informed), how trauma informed would you say your:**
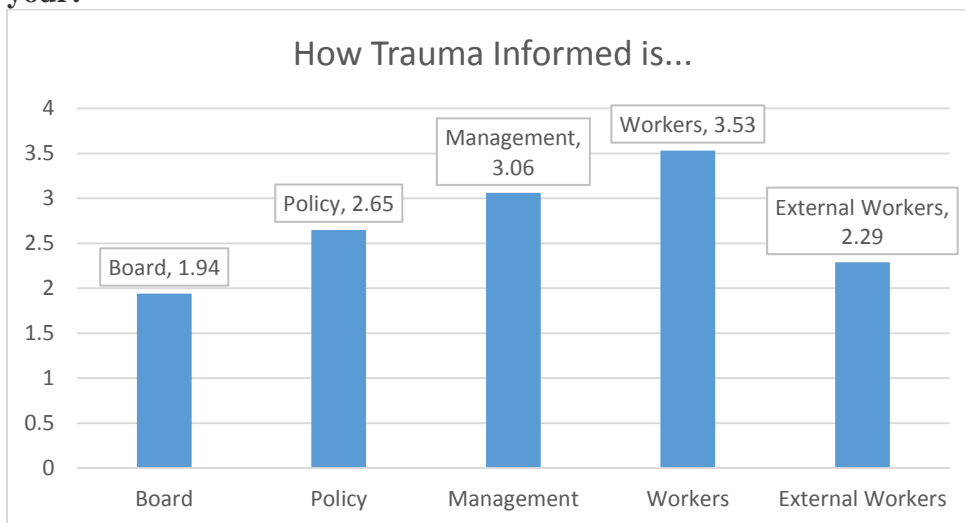
Figure 3: Question 4 Results

Categories	1	2	3	4	5	Average	Total
Board	6 (37.50%)	4 (25.00%)	5 (31.25%)	1 (6.25%)	0 (0.00%)	1.94	16
Policy	1 (6.25%)	5 (31.25%)	6 (37.50%)	4 (25.00%)	0 (0.00%)	2.65	16
Management	0 (0.00%)	4 (25.00%)	5 (31.25%)	6 (37.50%)	1 (6.25%)	3.06	16
Workers	1 (5.88%)	3 (17.65%)	2 (11.76%)	8 (47.06%)	3 (17.65%)	3.53	17
External Workers	4 (25.00%)	4 (25.00%)	5 (31.25%)	3 (18.75%)	0 (0.00%)	2.29	16

Table 3: Question 4 Results

Q5: Do you have a statement in your policy that demonstrates your organization's dedication to trauma informed principles? Have you seen one? Would you like one? Are your services founded upon a trauma informed model? If so, which one?

Question 5 had no quantitative results. The responses can be found for each individual respondent in Appendix C.

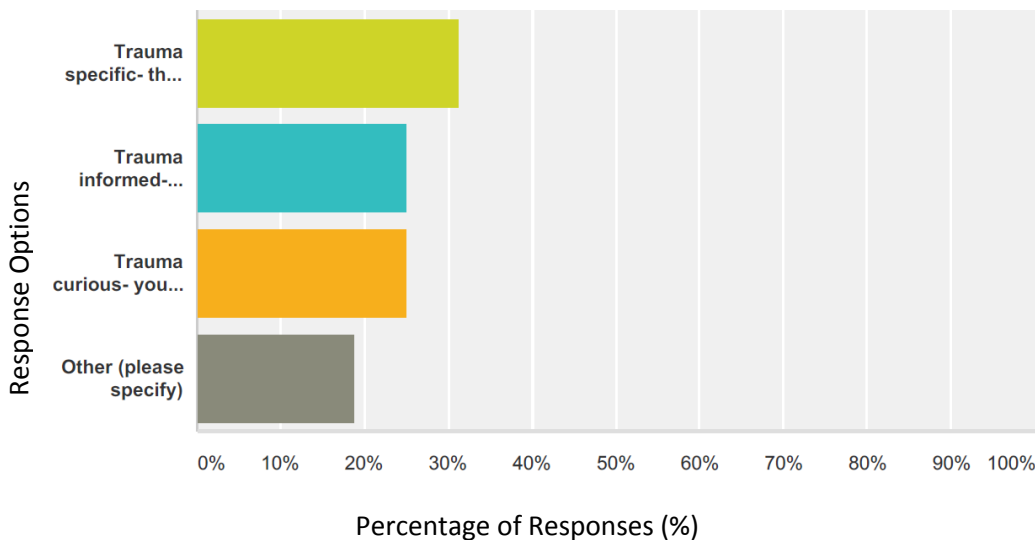**Q6: Does your organization work in a way that is:**

Figure 4: Question 6 Results

Choice	Responses
Trauma specific	5 (31.25%)
Trauma informed	4 (25.00%)
Trauma Curious	4 (25.00%)
Other	3 (18.75%)
Total	**16**

Table 4: Question 6 Results

Q7: **What percentage of your clients do you think might be presenting the symptoms of psycho-emotional trauma?**
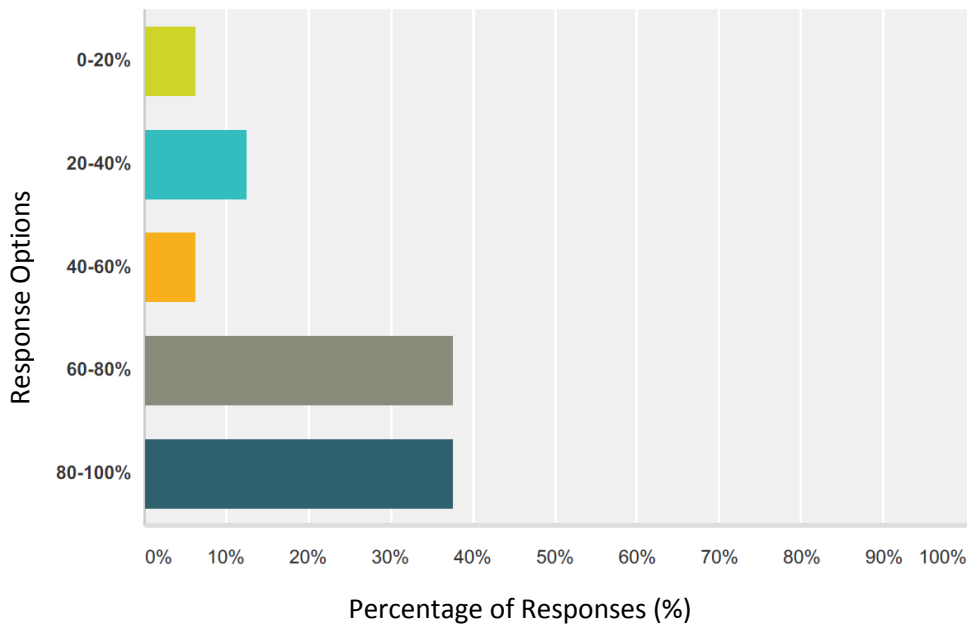

Figure 5: Question 7 Results

Choice	Responses
0-20%	1 (6.25%)
20-40%	2 (12.50%)
40-60%	1 (6.25%)
60-80%	6 (37.50%)
80-100%	6 (37.50%)
Total	**16**

Table 5: Question 7 Results

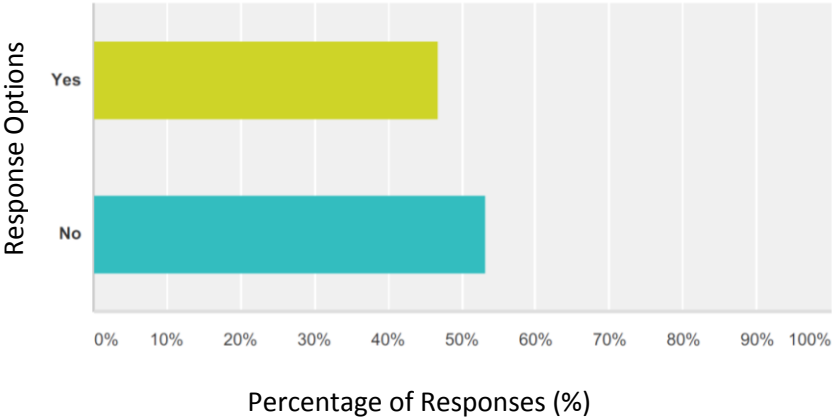**Q8: Do you have any protocol or training documents that address the issue of trauma?**

Figure 6: Question 8 Results

Choice	Responses
Yes	7 (46.67%)
No	8 (53.33%)
Total	**15**

Table 6: Question 8 Results

Q9: When interviewing job applicants for your organization, do you ask questions about trauma and trauma informed skills?
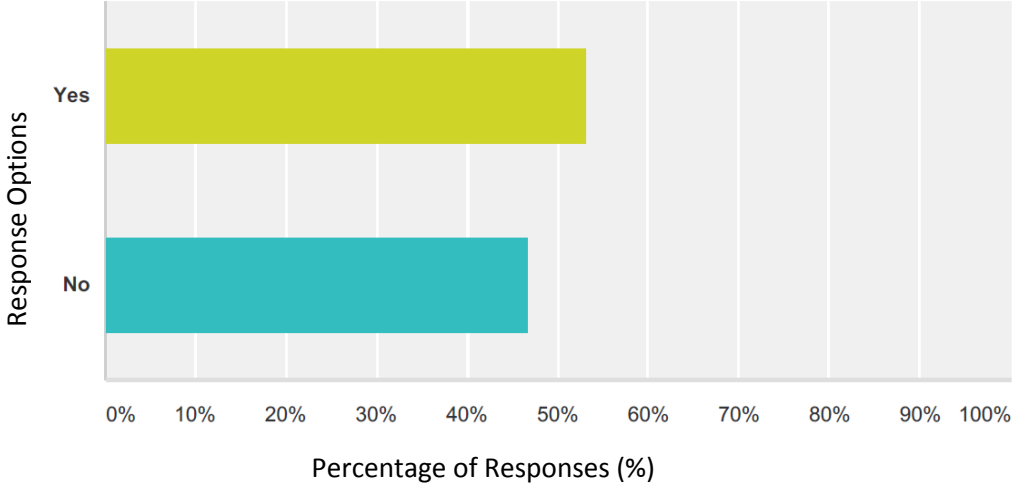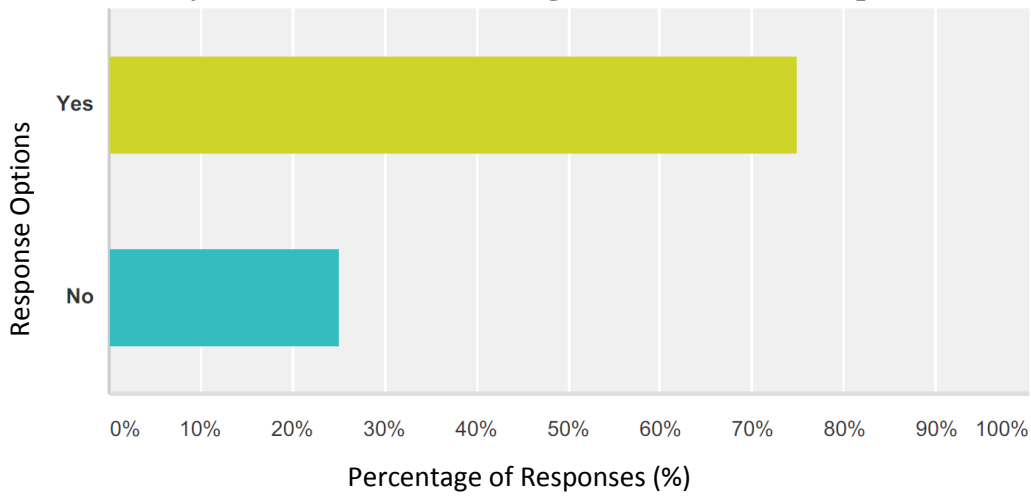

Figure 7: Question 9 Results

Choice	Responses
Yes	8 (53.33%)
No	7 (46.67%)
Total	**15**

Table 7: Question 9 Results

Q10: **Has your staff received training on trauma and its impacts?**

Figure 8: Question 10 Results

Choice	Responses
Yes	12 (75.00%)
No	4 (25.00%)
Total	**16**

Table 8: Question 10 Results

Q11: **Please answer the following:**

Choice	Yes	No	Total
Do you provide support to your staff that have experienced vicarious trauma through this line of work?	13 (81.25%)	3 (18.75%)	16
Do your staff receive clinical supervision?	7 (43.75%)	9 (56.25%)	16
Do you hold group debriefing to share knowledge on working with trauma?	10 (62.50%)	6 (37.50%)	16

Table 9: Question 11 Results

Q12: **If you were to develop new trauma informed services, would you collaborate with:**
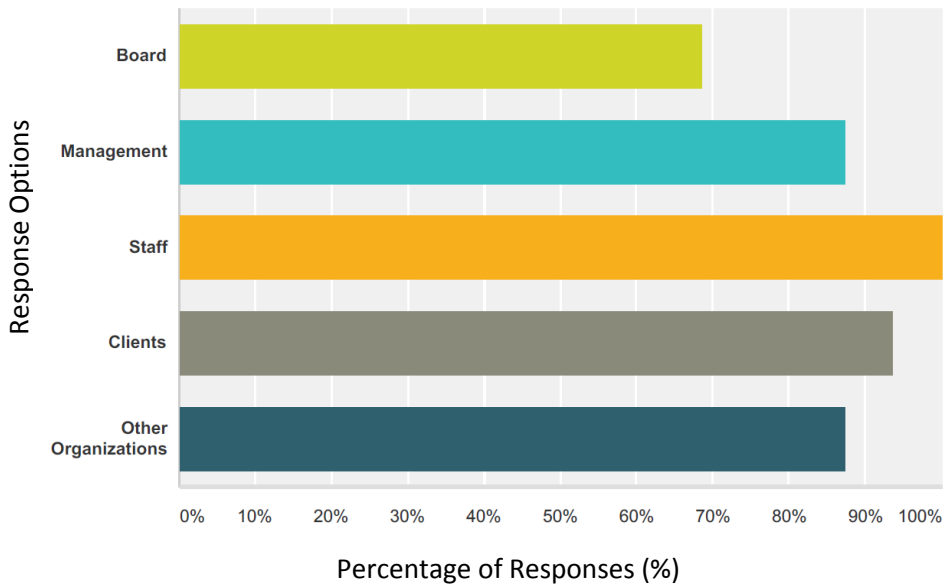

Figure 9: Question 12 Results

	Responses
Board	11 (68.75%)
Management	14 (87.50%)
Staff	16 (100.00%)
Clients	15 (93.75%)
Other Organizations	14 (87.50%)
Total Respondents	16

Table 10: Question 12 Results

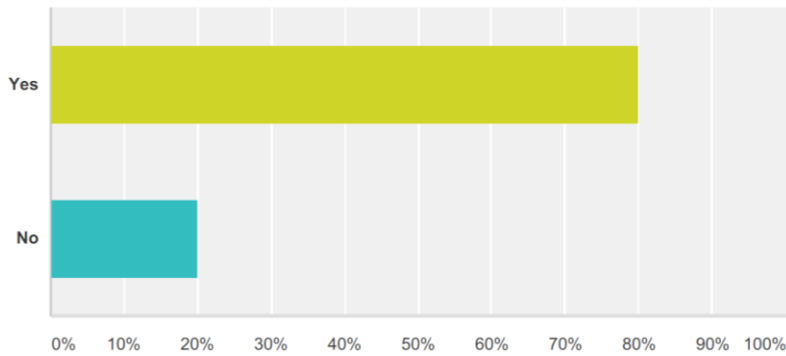**Q13:** **Do you want to be contacted to learn more about Trauma Informed Peterborough?**

Figure 10: Question 13 Results

Choice	Responses
Yes	12 (80.00%)
No	3 (20.00%)
Total	**15**

Table 11: Question 13 Results

Appendix E: Literature Review

Introduction

Over the past 20 years, there has been a lot of focus on trauma, traumatic stress and trauma education in the medical community. This literature review will focus on analyzing sources that are relevant to the project "Trauma: Understanding and Resolving its Presence in Peterborough", so as not to get too broad and invested with the information. Specifically, the literature to be reviewed will focus on: what is trauma? What are different views/definitions? How common is it? What are some different types of it? What are the primary causes of trauma? What trauma networks are out there, and what are their views? What research has been completed on trauma education, if any? The research questions of the project focus on the primary front line workers that work with clients with psycho-emotional trauma on a daily basis. Do these workers/organizations have any level of trauma education? This literature review will relate the relevant research to these research questions.

What is trauma?

In order to have a good understanding of the project and its goals, one must first understand what trauma is, in a broad sense. The dictionary defines it as a deeply distressing or disturbing experience. (1) The dictionary definition is the broadest sense that you can get, so it naturally invokes areas that require clarification. What is considered distressing or disturbing? What kind of experience does it have to be: first hand, second hand or third hand? According to the American Psychological Association (APA), trauma is an emotional response to a terrible event like an accident, rape or natural disaster. (2) They include some short term and long term responses: shock and denial, and unpredictable emotions, flashbacks, strained relationships and

headaches or nausea. (2) There is a notable difference between the two interpretations: the former refers to it as the experience itself and the latter as an emotional response to that experience. As stated earlier, the dictionary will need to be clarified more and the same can be said for the APA definition. What counts as an emotional response? How terrible does the event have to be? The Centre for Nonviolence & Social Justice's (CNSJ) interpretation is that trauma is used to describe experiences or situations that are emotionally painful and overwhelm a person's ability to cope. (3) What was intriguing was another definition that they gave and disagreed with: trauma has been defined in reference to circumstances that are outside the realm of normal human experience. That is not an accurate representation of the message and purpose of the project. Trauma can be a part of everyday life as something that, as the CNSJ stated, overwhelms people's ability to cope. In addition to experiences such as violence and sexual assault, it could also be attributed to discrimination, racism, oppression and poverty. (3) The problem with APA's definition is that they are implying that only the most terrifying events qualify. Judith Herman in *Trauma and Recovery* stated that, "Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life." (4) This take on trauma is similar to the definition from the CNSJ, in that it focuses on trauma overwhelming, in this case, human adaptations to life. In fact, some psychiatrists view trauma as a normal human response, calling it an adaptive mental process, and they only become detrimental if they are inhibited or untreated. (Turnbull, 1998) Horowitz (1989) came up with a definition that encompasses all of the previously mentioned factors: a sudden and forceful event that overwhelms a person's ability to respond to it, recognizing that trauma need not involve actual physical harm to oneself; an event can be traumatic if it contradicts one's worldview and overpowers one's ability to cope. (5)

Types of Trauma

It is important to understand the types of trauma. Trauma can be either physical (such as physical injuries) or emotional; for the purpose of this project, the latter type will be focused on. When searching the literature for trauma types, most of the resources are grey literature (not peer reviewed academic articles), specifically focusing on types of childhood trauma. The Centre for Early Childhood Mental Health Consultation (ECMHC) states that there are two types of trauma diagnoses: post-traumatic stress disorder (PTSD) and complex trauma. Their definition of PTSD is the symptoms associated with a traumatic event. (6) Their definition of complex trauma is taken from *Developmental trauma disorder*. The paper states that complex trauma describes exposure to chronic and prolonged traumatic events, that occur within a child's caregiving system and environment, which impact their ongoing development. (7) The ECMHC naturally only has resources on childhood trauma. However this raises the question as to whether these definitions could be used for people of all ages. As a traumatic event can occur at any time during someone's life, PTSD can also be applied to older individuals. In regards to complex trauma, their definition limits it to occurring throughout someone's childhood. However this does not exclude the presence of complex trauma in adults, as there have been numerous studies on the effects of childhood trauma in adults. Both PTSD and complex trauma have important places in trauma research.

One cannot look at one organization and hope to understand all the types of trauma. As a contrast to the previous definitions, the Crisis and Trauma Resource Institute (CTRI) has three types of trauma to be critiqued: developmental, shock and relational trauma. Developmental trauma occurs when a child is exposed to adverse conditions in their environment and optimal development of the child's nervous system is interrupted. (8) This is akin to complex trauma;

both definitions focus on a child's exposure to trauma. Shock trauma occurs when a person has a shock reaction to a traumatic event. (8) Traumatic loss can also be an example of this. This is a parallel of PTSD, in that it a reaction to a traumatic event. Relational trauma can be argued that it is similar to shock trauma and PTSD because it is a threat from another person that adds violence and disruption. The trauma on the individual can become more complicated if the threat comes from a person of trust or if the individual is supposed to be out of harm's way (8) (and example would be the recent threats by ISIS against western countries).

To further look at the similarity between interpretations of trauma types, a literature review performed for the U.S. Department of Health and Human Services entitled *Trauma-Informed Care in Behavioral Health Services* also had a review of trauma types. They review adverse childhood experiences (synonym for complex and developmental trauma), and more specific scenarios such as disasters, domestic violence, sexual assault, etc. The main point these resources are trying to make is that trauma either stems from one's childhood or it stems from a sudden event. (5)

Primary Causes of Trauma

The literature on the causes of trauma is akin to the more specific types of trauma. They can range from extreme scenarios (disasters, physical assault, accidents, witnessing horrendous injuries) to more overlooked causes (sports injuries, racism, surgery, hearing about an awful event). (9) A study published in the *Journal of Traumatic Stress* in 2006 sought to determine if psychological trauma was associated with poor physical health. They found that in men, trauma history was associated with arthritis and diabetes, whereas in women, it was associated with digestive diseases and cancer. (10)

The literature that is available on the causes of trauma goes back to one of the definitions of trauma: Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. Ordinary is completely subjective here, since some events invoke a traumatic response in some people but not others. A healing resources page sponsored by the Santa Barbara Graduate Institute Centre for Clinical Studies and Research and the L.A. County Early Identification and Intervention Group, asked that very question. They found explained that while there was no definitive answer, it could be attributed to several factors: the severity of the event, the individual's personal history, what the event means to the individual, coping skills, values and beliefs held by the individual and the reactions/support from family and friends. (11) The fact that there is no definitive answer is a worthwhile assessment. Anyone can become traumatized, just like anyone can be the victim of a physical ailment. Continuing the parallel, treatment will be taken with physical ailments and trauma. As the recovery of a physical infliction will depend on the individual and the nature of the infliction, so too will the recovery period with emotional trauma. (11)

Trauma Education

One of the main research questions of this project is to determine whether the organizations with first line workers in Peterborough are trauma informed. Therefore it was imperative to determine whether there has been any kind of research dedicated to the benefits of a trauma informed environment. A study entitled *Trauma Education* by S Carley and P Driscoll, was conducted as a response to increased preventable deaths occurring after patients arrived at hospitals. There was concern given to the initial assessment and treatment of patient injuries, which made them research the methods of education used for health care workers for the care of injured patients. (12) While this paper focuses on the requirements to educate clinicians about

the physical care of patients, some of these techniques and ideas can be applied to the trauma informed approach to psycho-emotional trauma. They state that: "the ultimate goal of trauma education is to improve the quality of care…" (12) As suggested in earlier sections of this review, there are many different interpretations and types of trauma. The study asks what is needed to treat trauma, and comes up with knowledge, skills, attitudes and relationships. The study also describes the appropriate methods of teaching about trauma and how they can be effective. (12) So even though this study does not have the same area of focus that this particular research project does, it shows that the matter of trauma education is universal and can be applied in different fields.

Two other studies, a research paper and a dissertation, focus on supplying trauma informed support to two different demographics: the former's target is male prisoners with lifetime trauma experiences and the latter's is adolescent female victims of human sex trafficking. The study on male prisoners was based on the observation that social support has had a positive impact on trauma related outcomes in non-incarcerated populations, which led them to hypothesize that a similar effect could be had on male prisoners. (13) The study reinforces the idea that trauma informed services should be available for anyone who needs them. (13) The dissertation on human sex trafficking has a section on the need for trauma informed care. It speaks about two of the components of trauma informed care. This program they put together was done in a group, so the component involved providing participants with support and being fully aware of and understanding the group member's experience of violent victimization. (14) The second component emphasized a collaborative nature between themselves and the group participants in order to establish a strong therapeutic alliance. (14) The researcher also acknowledged that providing empathy is an effective approach. (14) These components are

specific to group programs; these will be incorporated in the research project, but it won't be limited to them. These components provide a framework for a certain environment, and can be tailored to suit the specific instances and scenarios when trauma informed care is needed.

Conclusion

This literature review was performed to impart the researcher with a knowledge of trauma and an understanding of the research that has been completed on the subject. There were many different definitions of trauma found from various organizations and networks, and while they are all correct and show their own interpretation on the subject, this researcher narrowed in on the one most relevant to the project at hand: it is something that overwhelms people's abilities to cope and their normal adaptations to life. The types and causes of trauma were also looked at. While most of these previous areas were found in grey literature, there was academic literature on trauma education. The other topics were a part of this literature review to learn about trauma as a whole; the research on trauma education found gives a representation of the research performed on the subject. The key results were these: trauma informed care is needed in all aspects of society and for all types of trauma.

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