Poverty and Trauma: A Case of the Chicken and the Egg

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Agenda

- Trauma Concepts
- Trauma Definitions
- U.S. Poverty Overview
- Basic Needs
- Ace Study
- Neurological Effects of Poverty
- Trauma and Urban Poverty Effects
- Trauma and Poverty Effects on Families
- Trauma and Poverty Effects on Relationships
- Questions and Answers
Trauma: Individual trauma results from an:

- **Event**, series of events, or set of circumstances that is
- **Experienced** by an individual as physically and/or emotionally harmful or threatening and that has lasting adverse
- **Effects** on the individual’s functioning and/or physical, social, emotional, or spiritual well-being
What do we mean by Trauma?

- Intense and overwhelming experiences involving serious loss, threat or harm to a person’s physical and/or emotional well being
- Might occur at any time in a person’s life
- Might involve a single traumatic event or may be repeated over many years (can be cumulative)
- These trauma experiences often overwhelm the person’s coping resources
- Often leads to developing ways of coping that work in the short run but cause serious harm in the long run
“Big T” Versus “Little T”

"Big T" traumas –

- War, terrorist attacks, school and workplace shootings, plane crashes, and natural disasters - that capture media attention and elicit grief, anger, and fear from millions of people… (Felter, Philly Inquirer, January 2013)

- Day-to-day trauma in the lives of children and adults who are living in poverty - struggling to survive, to feed themselves and their children, to have a roof over their heads, and to stay safe in some of the most violence-prone areas of the city.”
A Voice of Poverty

“I make a lot of poor financial decisions. None of them matter, in the long term. I will never not be poor, so what does it matter if I don’t pay a thing and a half this week instead of just one thing?” (Gawker’s Kinja Platform Comments – 2013)
Almost one out of sixteen people in the USA are living in deep poverty (income below 50% of the poverty line).

Census figures show that, in 2012, 6.6% of our population, or 20.4 million people, were living in deep poverty.

Most vulnerable: Racial and ethnic minorities, women, children, and families headed by single women are particularly

Blacks and Hispanics are more likely than whites to be poor, and to be in poverty and deep poverty.
Geography of Poverty in the US

Poverty rates by region and metro/nonmetro residence, 2012

Children Born Poor Face a High Risk of Persistent Poverty

![Bar chart showing the percentage of persistently poor children by race and whether they were poor at birth or not. The chart shows higher percentages for black children compared to white children.](chart)
Back to Psych 101 and Maslow

- **Physiological needs:** food, water, warmth, rest
- **Safety needs:** security, safety
- **Belongingness and love needs:** intimate relationships, friends
- **Esteem needs:** prestige and feeling of accomplishment
- **Self-actualization:** achieving one's full potential, including creative activities

These needs are arranged in a hierarchy, with basic needs at the bottom and self-actualization at the top.
Findings from the Adverse Childhood Experiences (ACEs) Study
Adverse Childhood Experiences Study

- Center for Disease Control and Kaiser Permanente (an HMO) Collaboration
- Over a ten year study involving 17,000 people
- Looked at effects of adverse childhood experiences (trauma) over the lifespan
- Largest study ever done on this subject
Adverse Childhood Experiences (ACEs)

Mechanisms by which Adverse Childhood Experiences influence health and well-being throughout the lifespan.
People enrolled in the Kaiser Permanente health plan were asked ten questions related to the following adverse childhood experiences:

- Physical, emotional and/or sexual abuse
- Neglect or abandonment
- Divorce
- Alcoholism or drug addiction in the family
- Family violence
- Poverty, homelessness, lack of food and basic needs
- Family member in prison
- Family member with mental illness
The 17,000 Answering These Questions Were...

- 80% White, including Hispanic
- 10% Black
- 10% Asian
- About 50% men, 50% women
- 74% had attended college
- 62% age 50 or older
Impact Across the Lifespan

Includes:

- Changes in brain neurobiology
- Social, emotional & cognitive impairment
- Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence)
- Severe and persistent behavioral health, health and social problems, early death

(Felitti et al, 1998)
Multiple Trauma Experiences Raise the Risk for…

- Anxiety problems and fears
  - Avoiding people, places and things that are similar to or reminders of the traumatic event(s)

- Physical health problems

- Sleep problems

- Emotional problems such as feeling numb and/or disconnected from oneself or environment

- Memory problems

- Flashbacks
A Classic Causal Relationship: 
MORE Aces = MORE HEALTH PROBLEMS

Dose-response is a direct measure of cause & effect.

The “response”—in this case the occurrence of the health condition—is caused directly by the size of the “dose”—in this case, the number of ACEs.
Integrating Brain & Epidemiology Research

Brain Research Findings

- Maltreatment, trauma & Adverse Childhood Experiences
- Predictable adaptation during brain development cause cognitive, social, & behavioral traits
- Cognitive, social, behavioral & health outcomes (Brain Research & Epidemiological Findings)

Epidemiology Findings

- Poor health & excessive use of healthcare systems
- Early Death
Survival Mode Response

Can’t effectively:
• Respond
• Learn
• Process

Allow time to calm & return to higher brain functioning
Our Brain on Poverty

• Hurts our ability to make decisions about school, finances, and life (Science, August 2013)

• Imposes a mental burden similar to losing 13 IQ points

• Shaming and blaming attitudes and behaviors are not effective

• Poverty in and of itself can be humiliating
Three Basic Building Blocks to Success

- **Attachment** - feeling connected, loved, valued, a part of family, community, world
- **Regulation** - learning about emotions and feelings and how to express them in a healthy way
- **Competence** - acting rather than reacting, accepting oneself and making good choices

*(Adapted from the research of Dr. Margaret Blaustein)*
Using Brain Science to Create New Pathways out of Poverty: Beth Babcock Babcock at TEDxBoston
What Is Trauma-informed Approach?

- A definition of trauma-informed approach incorporates three key elements: (1) realizing the prevalence of trauma; (2) recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) resisting re-traumatization (4) responding by putting this knowledge into practice.

(SAMHSA, 2012)
What Does a Trauma-Informed Organization Include?

- Safe, calm, and secure environment with supportive care
- System wide understanding of trauma prevalence, impact and trauma-informed care
- Cultural Competence
- Consumer voice, choice and advocacy
- Recovery, consumer-driven and trauma specific services
- Healing, hopeful, honest and trusting relationships
National Council’s Organizational Self Assessment – Seven Domains of TIC

Domain 1: Early Screening and Assessment

Domain 2: Consumer Driven Care and Services

Domain 3: Trauma-Informed, Educated and Responsive Workforce

Domain 4: Evidence-Based and Emerging Best Practices

Domain 5: Creating Safe and Secure Environments

Domain 6: Building Community Partnerships

Domain 7: Ongoing Performance Monitoring
Trauma & Poverty: Understanding Traumatic Effects Over the Lifespan

Sharon Wise, MHS, CPS
The Gregory Project
We need to understand how all levels of the family and service system promote resiliency and adaptation that lead to positive outcomes.
Areas Trauma & Poverty Can Impact

✓ Children and Adolescents Positive Development
✓ Adult Family Members and their relationships to sub-family and Community
✓ Family as a Whole and Intergenerational Relationships
✓ Foster Parenting & Child Relationships
✓ Creative Parenting Practices and Intimate Partner Relationships
✓ Sibling Relationships
What does Trauma & Poverty do to a Person?

- Trauma, when poverty is involved shapes a child’s basic beliefs about who they are and what it means to “be someone” in the world.

- Using trauma and poverty as a framework, the effects fail to be addressed, services and supports will not be provided and a person won’t go on to lead a “normal” life and have their resiliency reignited.

- It creates ADAPTATIONS which are masked as symptoms and error based diagnosis and services.
49% of American children in urban areas (9.7 million) live in low-income families. Families of color are disproportionately represented in impoverished urban neighborhoods.

- Black and Latino families with children are more than twice as likely as white families with children to experience economic hardships.
Families constitute two-fifths of the U.S. homeless population, which increases the risk of trauma exposure and intense anxiety and uncertainty.

83% of inner city youth report experiencing one or more traumatic events. 1 out of 10 children under the age of six living in a major American city report witnessing a shooting or stabbing.
59% – 91% of children and youth in the community mental health system report trauma exposure. 60% – 90% of youth in juvenile justice have experienced traumas.

Urban males experience higher levels of exposure to trauma, especially violence related incidents, while females are four times more likely to develop Post-Traumatic Stress Disorder (PTSD) following exposure to traumatic events.
Each member and family sub-system perform vital roles and functions within the context of multifaceted family relationships. Families can be negatively affected by chronic exposure to trauma, including the trauma and stressful conditions associated with living in urban poverty.

For this reason, it is important to understand how trauma and urban poverty affect these familial relationships and functions in order to address trauma's full effect on children and their families.  

(Minuchin, 1985).
Understanding the effects of trauma and poverty on different family members and among familial relationships, as well as understanding the full range of family members’ responses to trauma and poverty, is critical to improving outcomes.
Families raising children in low-income, urban neighborhoods are exposed to multiple on-going traumas, from potential to severe threats, all of which increase the likelihood of negative outcomes.

(Evans & English, 2002; Esposito, 1999)
In fact, the consequences of community and family violence are well documented, and while direct victims are at greatest risk of harm, effects are systemic especially for children and youth that witness.

(Emery and Laumann-Billings 1998)
Urban poverty increases the number of trauma exposures, as well as distress associated with the high burden and hassles of daily living.
When coping resources are depleted family relations can suffer and vital functions, such as protection from harm, provision of basic needs, and capacity to adapt and develop, are threatened, often resulting in perpetual cycles of crisis.

(Brody & Flor, 1997; Clark, et al., 2000; Hill, 1958)
Within the parent–child relationship, compromised attachment and mistrust may stem from parental withdrawal/worry and re-enactment of abandonment/betrayal themes.
Though trauma may not affect the parenting practices of all parents, the experiences of chronic trauma and the stress associated with urban poverty have been associated with decreased parental effectiveness, limited understanding of child development and needs, increased use of harsh discipline, and high incidents of neglect.
Sibling relationships may become negative and contain a lot of conflict depending on the quality of individual parent–child relationships, differential treatment of siblings by parents, parental management of sibling conflict, individual children’s behavior and emotional regulation and coping skills, and family norms regarding aggression and fairness.
Research on intergenerational trauma and urban poverty has demonstrated that adults with histories of childhood abuse and exposure to family violence have problems with emotional regulation, aggression, social competence, and interpersonal relationships, leading to functional impairments in parenting which transmit to the next generation.
“We now know that when a person is in a crisis it is not a teaching moment. We comfort and teach later”
Adult intimate relationships can be a source of strength in coping with a traumatic experience or dealing with the stress of poverty, the majority focuses on difficulties faced by couples who have experienced trauma.
Such as problems with communication, difficulty expressing emotion, struggles with sexual intimacy, and high rates of hostility, aggression and interpersonal violence especially when poverty is introduced.
An appreciation for the high prevalence of traumatic experiences in persons who receive services.

A thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual presenting for services or ourselves.

We need to presume that everyone has a trauma history, no matter how we think of it as small, and exercise “universal precautions” by creating systems of care that are trauma informed.
Resiliency

Trauma Informed System of Care

Trauma Informed Care

Trauma Sensitive

Person Served

Trauma Assessment/Screening and Treatment with Choices

Universal Precautions

Collaboration

Partnerships

Non-Coercive

Non-Controlling

Hope

Healing

thehouseofsharon@msn.com
“It does not matter rather a person is impoverished or not, when it comes to trauma informed care, we must understand the person being served not the problem or symptom being addressed”.
In Closing….Start Where YOU Are!

1. We must create the right team of change agents by utilizing the trauma champions and early adopters who understand it's not what's wrong but what happened.

2. We must build awareness and understanding of Trauma, Trauma Informed Care and Trauma Informed Systems of Care, there is a difference.

3. We must get our visions and mission right and have widespread adoption of that Vision to addressing Trauma and Poverty separately.

4. Understand and acknowledge the value of those you serve and their roles as Partners not just Patients.

5. Utilize technology in assisting your organization to become more Trauma Informed and allow your data to guide your programming.
“People might forget what you said, they might forget what you did, but they never forget the way you made them feel”

Dr. Angelou
Question and Concerns
Resources

Using Brain Science to Create New Pathways out of Poverty: [Beth Babcock](http://www.traumacenter.org/)

National Child Stress Network 2005

National Strategy for Reducing Child Poverty

Shokoff & Phillips 2000

SAMHSA 2013–14


Entire video: [https://www.youtube.com/watch?v=6zZxjG42Mis](https://www.youtube.com/watch?v=6zZxjG42Mis)
References and Resources


- Fellitti in Lanius. The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic. 2010.


- http://acestoohigh.com/
Upcoming Lunch & Learn Webinars!!

Janae Hubbard
May 15, 2014
12–1pm
“Working with LGBTQ Youth in a Mental Health Setting”

DSM V
June 2014
12–1pm
TBA
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