

# Addressing the Effects of Violence and Abuse to Improve the Health Outcomes of Women Living with HIV

## An Introduction to Trauma-Informed Care

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# Presentation Outline

1. Women living with HIV in the US
2. Trauma and Women Living with HIV
3. Introduction to Trauma-Informed Care
4. Trauma-Informed Care at Christie's Place
5. Next Steps: Furthering Trauma-Informed Care in your Community



# Christie's Place

*Transforming lives since 1996™*



**Strengthening the health and resilience of  
women, children and families  
impacted by HIV/AIDS**

# Who We Are

Situated within a social justice framework, Christie's Place is a leading nonprofit community based organization in San Diego County that provides comprehensive HIV/AIDS education, support and advocacy.

Our mission is to empower women, children, and families whose lives have been impacted by HIV/AIDS to take charge of their health and wellness.

**Women  
Living with HIV in  
the US**

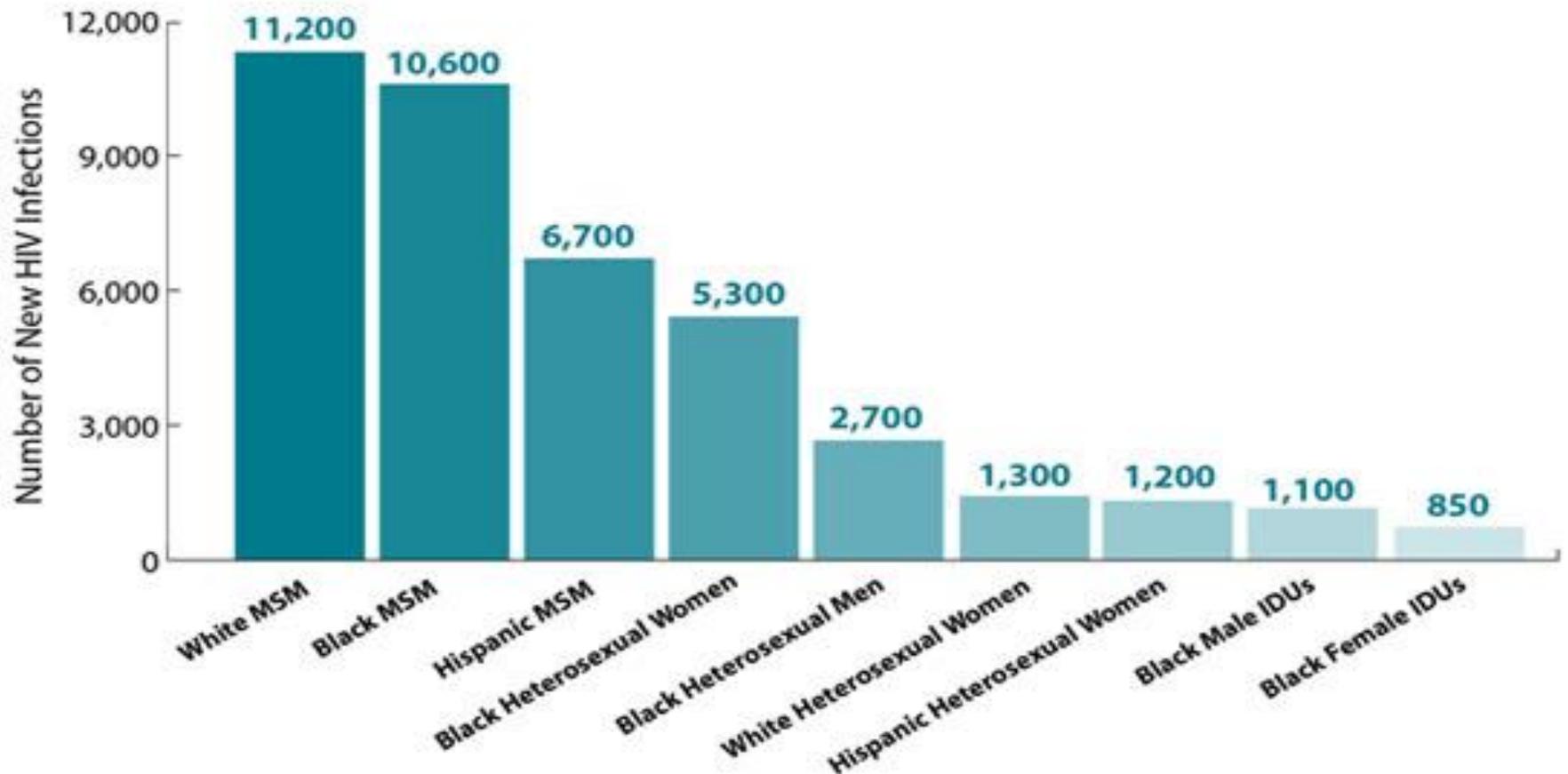
# HIV/AIDS in the United States

- At the end of 2010, an estimated **1.1 million** persons were living with HIV infection in the United States, including an **estimated 16-20%** of persons whose infections had not been diagnosed.
- One in four persons living with HIV (**25%**) are women.
- Women made up **20%** of new HIV infections in the US in 2010.
  - 84% of these new infections were attributed to heterosexual contact

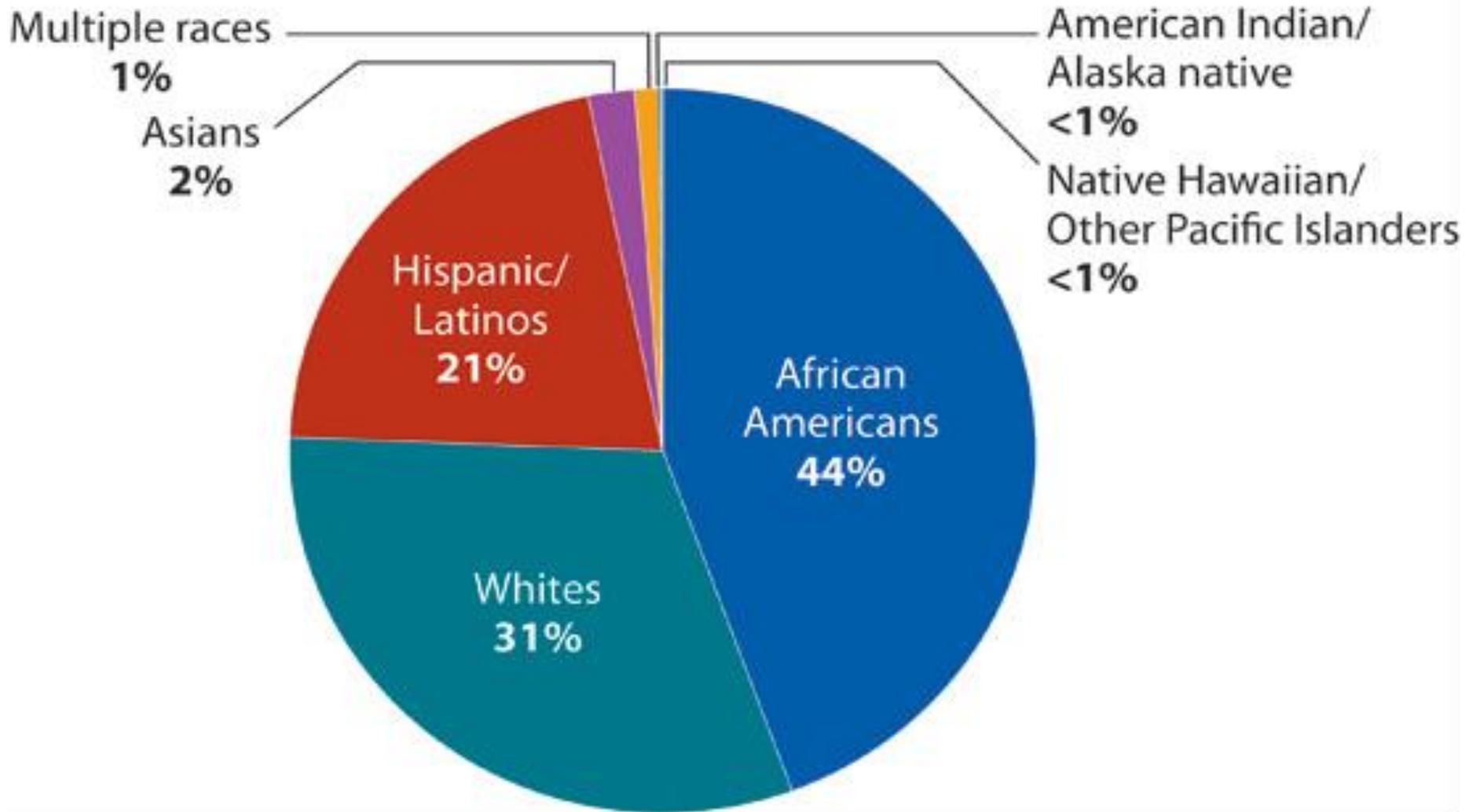
# HIV Incidence in US

HIV incidence is the estimated total number of new (total number of diagnosed and undiagnosed) HIV infections in a given period.

**Figure 1: Estimated New HIV Infections in the United States, 2010, for the Most Affected Subpopulations**



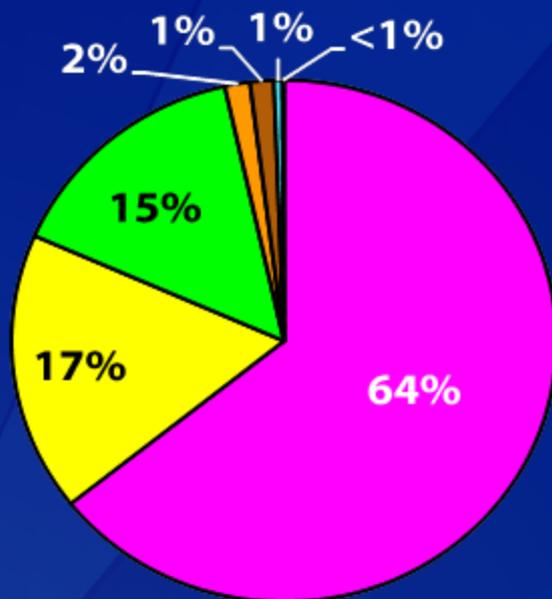
# New HIV Infections by Race/Ethnicity, 2010 (n=47,500)



# Diagnoses of HIV Infection and Population among Adult and Adolescent Females, by Race/Ethnicity 2011—United States

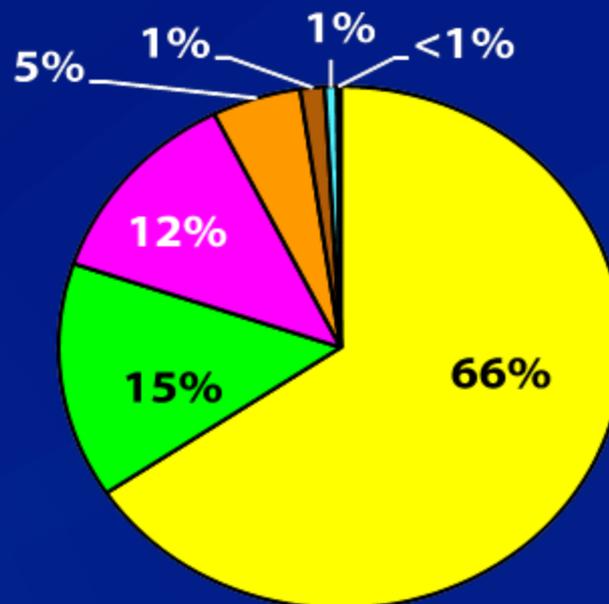
## Diagnoses of HIV Infection

N=10,257



## Female Population

N = 132,402,857



■ American Indian/Alaska Native  
■ Asian  
■ Black/African American

■ Hispanic/Latino<sup>a</sup>  
■ Native Hawaiian/Other Pacific Islander  
■ White

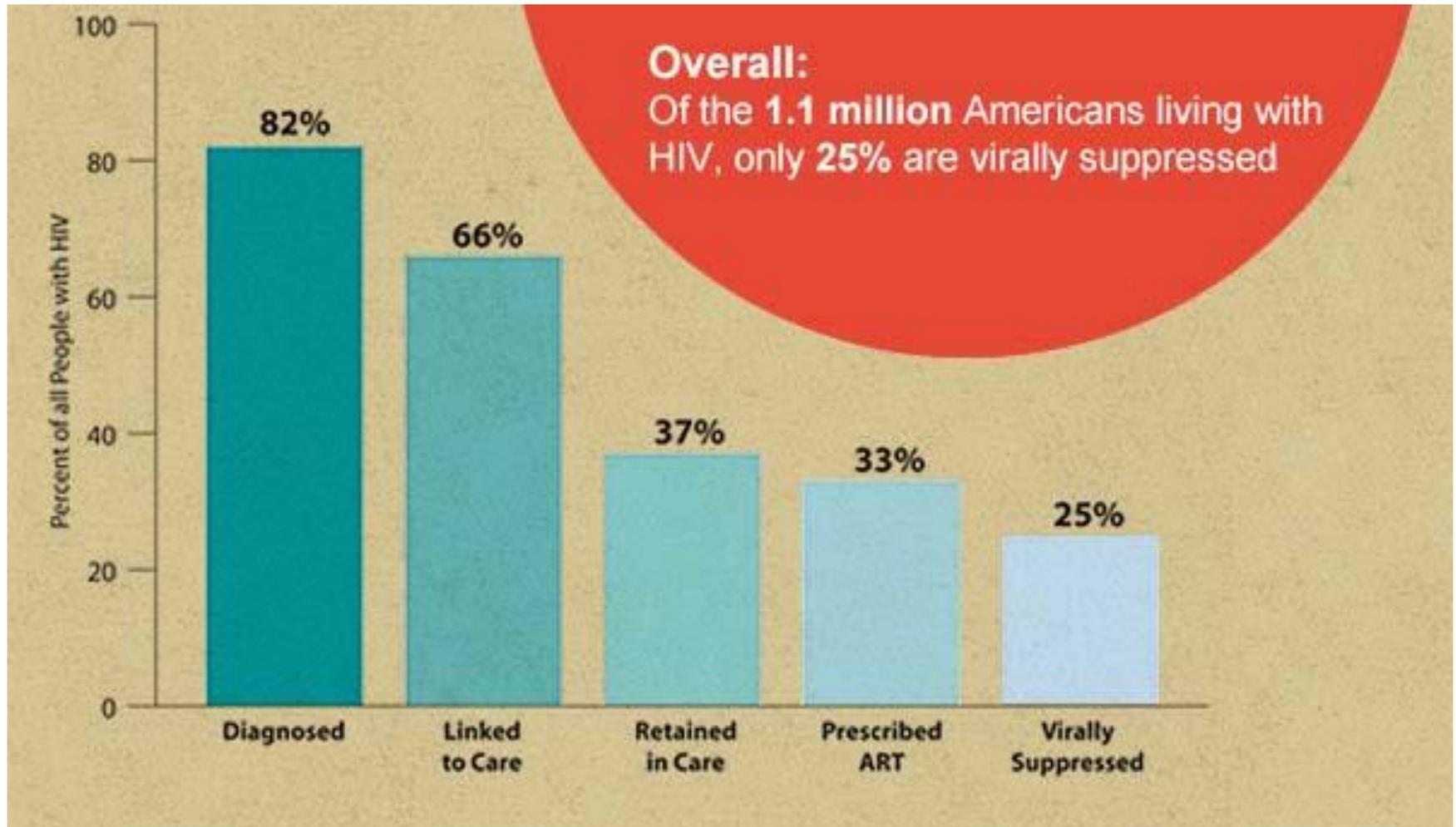
■ Multiple races

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

<sup>a</sup> Hispanics/Latinos can be of any race.



# HIV/AIDS Healthcare Engagement Cascade/Continuum of Care



# Examples of Barriers to Care for Women

Societal conditions, stigma & isolation	Economic/financial status; Lack of childcare, transportation, food insecurity & other basic needs
Difficulty in accepting HIV/AIDS diagnosis	Attitudes held by women that cause them to place their own needs last
Health system issues including lack of gender-responsive, trauma-informed services	Substance use and mental health conditions
Concerns regarding confidentiality and mistrust of the medical system	Lack of treatment education and health literacy
Language barriers, legal status	Domestic violence, history of abuse

**Trauma  
and  
Women  
Living with HIV**

# Working Definition of Trauma

## Individual trauma results from:

- An event, series of events, or a set of circumstances
- That are **experienced** by an individual as physically and/or emotionally harmful or threatening and
- Has lasting **adverse effects** on the individual's functioning and mental, physical, social, emotional and/or spiritual wellbeing.

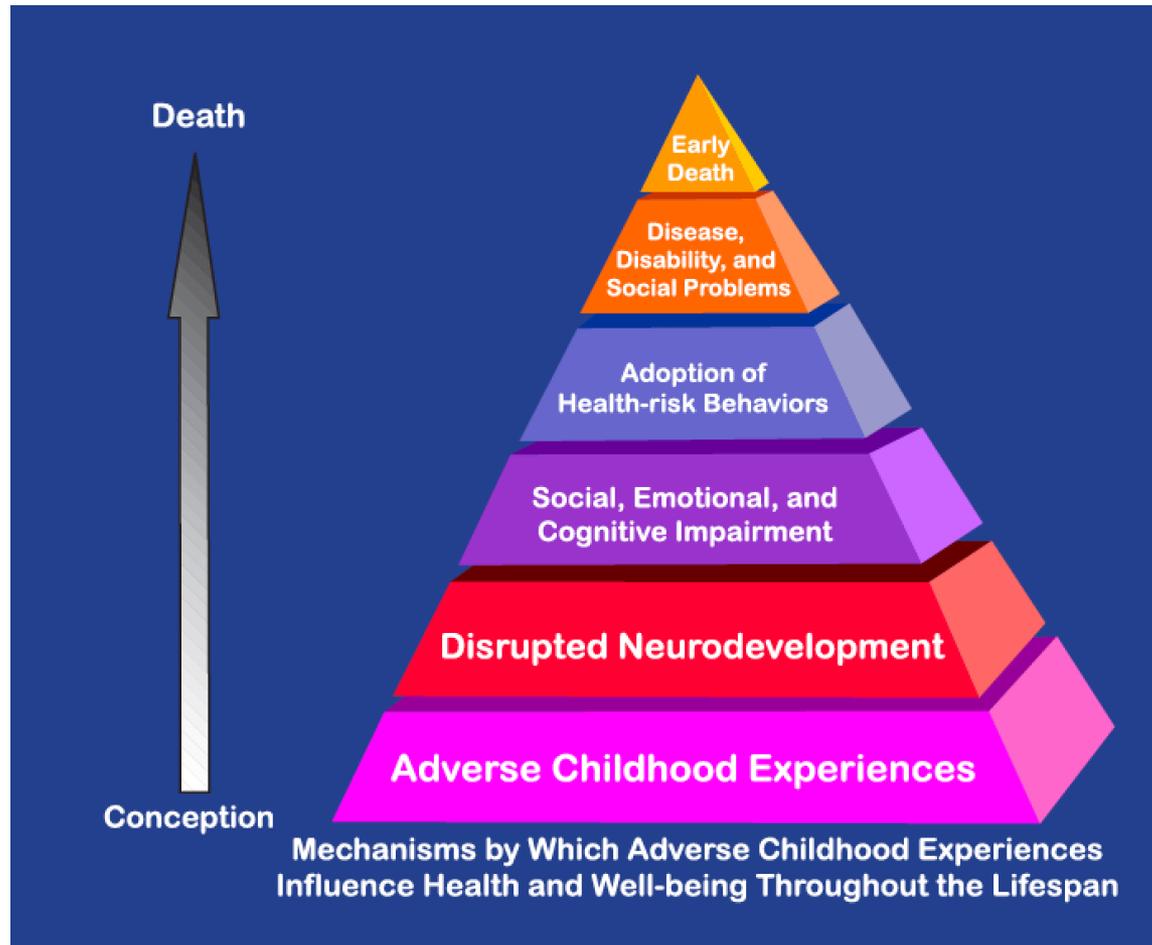
# Examples of Potentially Traumatic Life Experiences

- Physical, sexual, or emotional abuse
- Childhood neglect (basic needs are not met for food or shelter)
- Death of a parent
- Violent loss of a loved one (suicide/homicide)
- Rape
- Children living in homes with drug addiction, alcoholism, incarceration, and/or violence
- Serious medical conditions
- Combat/war
- Bias-related crimes and social discrimination

# Effects of Trauma

- Trauma can impact a person's:
  - Identity
  - Sense of purpose
  - Relationships
  - Expectations of self and others
  - Emotional regulation
  - Worldview
  - Health outcomes

# Adverse Childhood Experiences



# What is PTSD?

- Posttraumatic Stress Disorder (PTSD) is a mental health diagnosis in which people experience:
  - **Re-experiencing** of traumatic event(s) through intrusive memories, nightmares, flashbacks, and reactivity to trauma-related cues
  - **Avoidance**
    - Persistent avoidance of reminders of the trauma
    - Avoiding people, places, activities associated with the trauma
  - **Negative changes in mood or cognition**
    - Difficulty experiencing full range of emotions, persistent negative feelings such as fear, horror, guilt or shame, loss of interest in activities, detached from others, sense of foreshortened future
  - **Negative changes in arousal**
    - sleep trouble, increased irritability and anger, difficulty concentrating, hypervigilance, exaggerated startle response, self-destructive or reckless behavior

# Trauma and Women Living with HIV

Trauma and PTSD impact women living with HIV at disproportionate rates when compared to the general population of women.

- Rate of recent PTSD is **30%** (5X rate recent PTSD in general population)
- Rate of intimate partner violence experienced by HIV-positive women is **55.3%** (more than 2X the national rate among women)
- Childhood sexual abuse occurs at an estimated rate of **39.3%** and childhood physical abuse at an estimated rate of **42.7%** (2X the national rate among women)
- Rate of lifetime sexual abuse **61.1%**
- Rate of lifetime physical abuse **72.1%**
- Lifetime trauma rate **71.8%**

# Trauma and Women Living with HIV

**Trauma and PTSD predict poorer HIV-related health outcomes such as:**

- Poor health-related quality of life
- Higher rates of medication non-adherence and anti-retroviral failure
- Higher mortality rates
- Higher rates of transmission-risk behaviors

# **Introduction to Trauma-Informed Care**

Trauma-Informed Care is a resilience-focused and strength-based approach to service provision that involves understanding, recognizing and responding to the effects of trauma.

# Trauma-Informed Care from a Social Justice Perspective

"Social ideals of equality cannot be pursued in relations that promote inequality. The way we do things is not just a means to an end, but an end in itself."

# Why is it necessary to be trauma-informed?

- In order to provide effective services we must understand that:
  - Current or past trauma may be contributing to a person's current difficulties.
  - People who have lived histories of trauma are often very sensitive to people, places, or things that remind them of the traumatic event(s).
  - Reminders (triggers) may cause a person to relive components of the traumatic event(s).

# **Components of service settings which may be distressing for people with lived experiences of trauma**

- Power dynamics of the relationship
- Loss of and lack of privacy
- Changes in service providers can occur with little or no notice
- Models of care are often based on Medical Necessity which necessitates focus on diagnosis and pathology rather than strengths and resiliencies

# Components of service settings which may be distressing for people with lived experiences of trauma

- Medical Settings
  - Invasive procedures
  - Removal of clothing
  - Vulnerable physical position
  - Personal questions asked in absence of trusting relationship
  - Gender of provider
- Social Services Settings
  - Client's voice not reflected in goal setting or treatment planning
  - Processes not fully explained to client
  - Deficit based language which labels the client by their diagnosis

# What does Trauma-Informed mean?

- Service delivery:
  - Occurs in a setting that is respectful, welcoming, & safe
  - Influenced by understanding of the impact of violence and abuse on a person's life and development
  - Based on a strength-based empowerment model
  - Fosters growth
  - Recognizes and promotes resiliency
  - Understands that behaviors that have traditionally been viewed through a pathological lens are often attempts at coping that may (or may not) result in the outcomes that an individual desires.

# SAMHSA's Key Assumptions and Principles

- Key Assumptions
  - **Realize**- of trauma and its effects
  - **Recognize**- signs of trauma
  - **Respond**- application of trauma-informed principles
  - **Resist re-traumatization**- for both service recipients and providers
- Key Principles
  - Safety
  - Trustworthiness and transparency
  - Peer support
  - Collaboration and mutuality
  - Empowerment, voice and choice
  - Cultural, historical and gender issues

# OWH Qualities of a Trauma-Informed System of Care

- Intentionality
  - Purposeful efforts towards creating and sustaining healing and growth
- Mutuality
  - *“Healing happens in relationship.”*
  - Reciprocal connections which foster increased understanding and shared learning
- Commonality
  - *“We all have a story.”*
  - Life experiences shape our perceptions of ourselves and others
- Potentiality
  - Positive change is possible for all (individuals, organizations, & communities)

# Characteristics of Trauma-Informed Service Delivery

- Partnership between service recipient and service provider in which both bring knowledge and experience to the table.
  - Goals are mutual and established collaboratively
    - Increase client access to choice, options, and sense of control over life decisions
- Client concerns are understood within the cultural and sociopolitical and contexts which create, exacerbate, or assist with/support solutions to those concerns.

# Characteristics of Trauma-Informed Service Delivery

- Commitment to trauma-informed service provision on all levels of the organizational hierarchy, particularly from those in leadership positions
- Staff attend to issues of power and hierarchy in ways which minimize potential for re-traumatization
- Valued and meaningful participation of consumers
  - Consumers are involved in a **substantive way** in the design, evaluation, and delivery of services

# Additional Considerations

- “Two Hatters”
  - The healthcare and social service workforce also consists of women/providers with lived experience.
- All staff will require training and support in order to develop and implement a trauma-informed service environment.

# **Trauma-Informed Care at Christie's Place**

# Core Component I: Agency and Empowerment

- Mission statement explicitly positions organization as empowerment focused
- Fosters the integrity, respect and dignity of service recipients and providers
- Supports a belief in one's capability to heal and recover
- Responds to trauma in ways which are characterized by choice, voice and agency



# Core Component II: Meaningful Inclusion of Women Living with HIV

- Emphasis on recruiting people living with HIV for staff, volunteer and board positions
- Representation
  - Local and national advocacy
  - Community planning process
  - Positive Women's Network
- Meaningful inclusion of women living with HIV in all aspects of service design, delivery and evaluation
  - Annual focus groups and surveys inform service provision
  - Educational presentations by peers locally and nationally
  - Support groups facilitated by peers
  - Internal committees (QM, Cultural Competence, Wellness & TIC)
- Values the meaningful inclusion of women, children and families impacted by HIV



# Core Component III: Education and Support

- Ongoing training for service providers and recipients (including partner agencies):
  - Trauma and the effects of violence and abuse
  - Principles and practices of trauma-informed service provision
  - Secondary traumatization and self-care
  - Building healthy relationships
- Leadership training and opportunities for women living with HIV
- Supportive agency culture
  - Consistent staff/clinical supervision
  - Case consult and treatment team meetings
  - Staff support one another
  - Clients support one another
  - Emphasis on self-care and fostering resilience



# Core Component IV: Stakeholder Investment

- Commitment of management, staff, clients and board to trauma-informed care at Christie's Place
- Trauma-Informed Service Provision Committee
- Identifying staff to take on major tasks to carry forward trauma-informed care
- Identifying and enabling champions to promote work and foster investment locally and nationally



# Core Component V: Trauma-Informed Environment

- Gender-responsive & culturally competent
- Physical Location
  - Accessible location
  - Intentionally non-identifiable locale
  - Family-centered space
- Ambience
  - Warm, welcoming and safe home-like setting
  - Child-friendly environment with carved out spaces for child play
  - Staff reflective of the people accessing services with relation to gender, culture & ethnicity
  - Confidentiality and privacy
  - Inclusive settings that allow for meaningful involvement and respectful interactions
  - Attention to hierarchy which diminishes potential re-traumatization
  - Accessible services utilizing language of comfort and choice



# Core Component VI: Intentional Practice

- Practices are based on an understanding of how the effects of violence and abuse exist within the context of women's lives and the intersections of their identities across the lifespan
  - Trauma-informed client orientation ensures informed consent
  - Assessing for trauma and current safety
  - Community-building social activities which diminish isolation and the impact of stigma and discrimination
  - Basic needs assistance (food, hygiene products, diapers and formula), transportation assistance and childcare
  - “I Am More Than My Status” social marketing campaign [www.iammoresd.org](http://www.iammoresd.org)
  - Formalized partnerships with immigration rights and social justice organizations
- Services target trauma-related barriers that prevent effective engagement in care
  - Treatment team approach to service delivery
  - Strength-based case management
  - Trauma-responsive individual, family, and group behavioral health services (STAIR)
  - Peer navigation at clinic sites and through a mobile, home-based model
  - Treatment adherence support and education
  - Domestic violence, stress management and healthy relationship support groups

# Highlighted Strategy: Core Components in Action

## *Peer Navigators are key to our trauma-informed model of care*

- Community outreach & case finding
- Assess and address barriers, psychosocial and needs assessment
- Home visits
- Accompany clients to their scheduled appointments (i.e. social security, legal, medical, social services)
- Transportation
- Translation
- Substance abuse counseling
- Emotional and peer support
- Health education
- Healthcare navigation
- Information & referral
- Refer to case management and trauma-responsive behavioral health services



# Next Steps: Furthering Trauma-Informed Care in Your Community

- How/does your work context/community recognize and/or address the intersections of violence, gender and HIV?
- What steps could be taken within your work context/community to shift towards a more trauma-informed environment?
- What opportunities for new partnerships or collaborations do you see?
- What types of resources do you need?

# Resources

## Addressing the Intersection of HIV/AIDS, Violence against Women and Girls, & Gender-Related Health Disparities

Interagency Federal Working Group Report

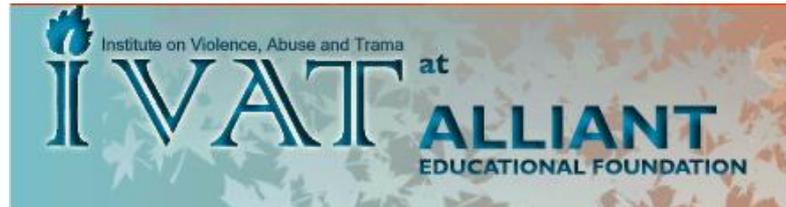
September 2013



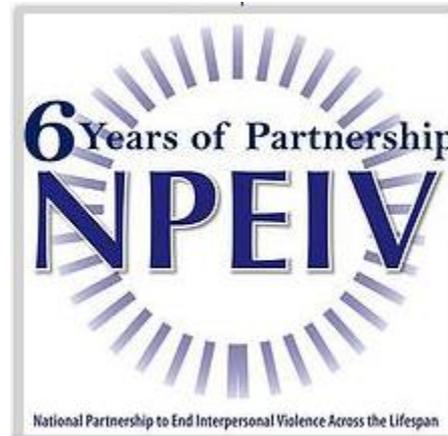
## Update on Efforts to Address the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities

Office of National AIDS Policy  
White House Advisor on Violence Against Women  
White House Council on Women and Girls

OCTOBER 2014



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## SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by  
SAMHSA's Trauma and Justice Strategic Initiative  
July 2014



## A TREATMENT IMPROVEMENT PROTOCOL Trauma-Informed Care in Behavioral Health Services

# TIP 57



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- The California Wellness Foundation
- Broadway Cares, Equity Fights AIDS
- UCLA/Johnson & Johnson Health Care Executive Program



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# References

- AIDS.gov
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- CDC.gov/hiv
- Elliott, D. E., Bjelac, P., Fallor, R., Markoff, L. S., & Glover Reed, B. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*. 33 (4), 461-477.
- Machtinger, E. L., Haberer, J. E., Wilson, T. C., & Weiss, D. S. (2012). Recent trauma is associated with Antiretroviral failure and HIV transmission risk behavior among HIV-positive women and female-identified transgenders. *AIDS & Behavior*.
- Machtinger, E. L., Wilson, T. C., Haberer, J. E., & Weiss, D. S. (2012). Psychological trauma and PTSD in HIV-positive women: A meta-analysis. *AIDS & Behavior*.
- Office on Women's Health. (2013). A public health response to trauma: Creating conditions, connection and community for women and their children.
- Prilleltensky, I., & Nelson, G. (2002). *Doing psychology critically: Making a difference in diverse settings*. New York: Palgrave Macmillan.
- SAMHSA-HRSA Center for Integrated Health Solutions. (2013). *It's just good medicine: Trauma-informed primary care* [PowerPoint slides]. Retrieved from <http://www.integration.samhsa.gov/clinical-practice/trauma>
- SAMHSA-HRSA Center for Integrated Health Solutions. (2013). *It's just good medicine: Trauma-informed primary care*.
- SAMHSA's Center for the Application of Prevention Technologies (CAPT). Retrieved from <https://captus.samhsa.gov/>
- SAMHSA's Trauma and Justice Strategic Initiative. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (HHS Publication No. SMA 14-4884). Rockville, MD: Substance Abuse and Mental Health Services Administration.