

## **Moving beyond acceptance to becoming trauma informed in our care: Homeless Service Sector**

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The three of us here today represent a working group that has been looking at ways of bringing about Trauma Informed Care within the Homeless Sector, based on the recommendations of the research Report "Rough Living" written by Dr Catherine Robinson. This group was formed under the vision and leadership of Chris Hartley who at it's inception was working as the Policy Officer at Homeless Persons' Legal service (HPLS).

I am going to talk about the development of this research and my initial responses as a front line worker. Rob Seaton will discuss the implications within the Context of a Specialist Homeless Service And Philip Hilder will share his breadth of knowledge as a psychologist and trainer who delivered a pilot 3 day training course on Trauma Informed Care for Homeless Service Managers earlier this year

I currently live and work in Woolloomooloo, a known site of entrenched homelessness. For many it is the end of the road

- People living in entrenched and long term homelessness
- People who have given up on accessing services
- Some want assistance but are often banned from services
- Others are trying to escape the help has been forced upon them. (Mental health services, public guardian, probation and parole...)

Within this context, I was approached by Chris to be involved in facilitating research to explore Homeless People's survival of violence. HPLS lawyers constantly hear stories of violent victimisation reported as a normal daily experience, and wondered where these people could get the help that they seemed to need but weren't accessing. They didn't feel they were the ones to offer it, after all, they were trained in law not social work or counselling.

The research was framed by 4 key questions:

- What experiences of Violence have homeless people had and how have they managed these?
- What factors shape vulnerability to Violence
- Which Services best respond to requests for assistance in dealing with violent victimisation and what are the gaps?
- What do reflections on victimisation reveal about the relationship between homelessness and Violence?

Dr Catherine Robinson from the Faculty of Arts and Social Sciences at the University of Technology was called upon to conduct this research, entitled "Rough Living" because of her experience in conducting research in the field of homelessness and her particular interest in Trauma. The research method of qualitative, biographical life course interviews was chosen as the most useful because it creates the capacity to focus on people's lived experience of violence in the context of their life

course. As a research method it is particularly useful allowing participants to offer their own analysis of the wider social context of their experience.

Embedded within the research design were a range of factors to minimise participant's chances of re-traumatisation during the research experience. This included the method being one that lends itself to allow the participant to control the narrative and how it is understood by the researcher, but also included a range of other considerations. This included things such as the offering of various spaces for interviews – from complete privacy in a separate room to open spaces with other people present. My own role within the project was to brief and debrief participants and provide post interview follow up and support as required so that participants were not left 'hanging' and vulnerable once the interviews were completed. Participants were also offered a second interview after receiving the transcripts and give the opportunity to omit aspects or provide clarification to their transcript, further reinforcing the message they were in control of the narrative.

One participant of the research found the process to be helpful in the recovery process. After her interview sharing a harrowing life history she simply stated:

“Thanks for listening...It's been therapeutic for me you know. I think it's been a bit therapeutic for me to actually be able to talk about it again live with someone.”

Of the 12 participants, only 1 did not experience trauma and abuse as a child, experiencing homelessness for the first time well into his 50's, while the other 11 shared harrowing life histories.

The analysis of these interviews provided the key conclusion that violence and trauma (usually beginning early in life) is a key factor in both the cause and perpetuation of homelessness, particularly in relation to those with complex needs. It is an issue that is highly likely to underpin both issues of substance abuse and poor mental health, both of which can limit a persons' capacity to access health, housing and support needs.

While the recognition that many homeless people have experienced violence is not particularly surprising or new, the research highlighted that participants overwhelmingly felt silenced despite the desperate need to have their experience recognised. People felt silenced externally by family and friends as well as services and agencies that are supposed to offer support. They also identified that they felt powerfully silenced internally by the complex emotional, psychological and physiological impacts of trauma.

To highlight some of the ways this silencing occurs on a number of levels, I share with you some reflections provided by Martin regarding an incident in which he was randomly assaulted at Circular Quay when he was sleeping rough.

He shared the following:

“I remember this copper he said “Where do you come from?” I said “I'm on the street mate.” And this Copper turned around and said to his mate, this other copper, he said “Ah it's just a bloody street person.” And the Copper turned back to me and he says “What do you want us to do? Well just to do your job would be nice. Just to be treated as a victim would be nice...but what I actually said was, “I don't want you to do anything mate.” And I just picked up me bag and I made myself walk. I walked up to Dawes Point under the Harbour Bridge and I was there for two days.”

Martin lay in the park recovering for two days. He also made an observation of the avoidance of the general public:

“Everyone that walked past and they had all seen the blood and they couldn’t get away from me quick enough...Even a security guard walked past me, and he stopped and looked at me and I looked at him...and I sat there and I walked from there and I don’t know how I did it because it felt like my ribs had broken or at least cracked ribs, and cracked ribs can be very, very painful and i was covered head to toe, my groin, my back, the whole front of me was just a mass of bruises from me knees to the top of me head. Pulling out bits of broken teeth out of my gums, sitting on the bench. And I made myself walk up to observatory hill and I went to the toilet area out the back and I scrubbed myself as best I could to get the blood off and then I went from there, this was two days after I got bashed, down to the Haymarket Clinic. The Doctor was just walking out of his office as I walked in the door and he said “Is that you Martin? I can hardly recognise you.” Went in, he wanted me to go to Sydeny Hospital . I said “No, just give me something for the pain.”

Such experiences reinforced a sense of insignificance and that because he was not worthy of basic human compassion. This compounded Martin’s depression and led to the development of an extremely fatalistic attitude:

“I think about it quite often because those two bashings were pivotal points. I’d become so fatalistic that even to this day, and I think I’m a rational and sensible sort of person, but I don’t care what happens to me. I am so fatalistic. If someone comes along and bashes my brains in ...no big drama, it’s over and done with.”

Alex identified the fear she has with sharing her real situation with a case worker:

“I do, I need some help. I’m not getting it. And for every person I tell is another person that knows. And I don’t know these people, I don’t know...I just feel like I putting myself at risk more and more every time I tell someone you know. Like I told my case worker and she did nothing, And it’s like...no wonder you carry it on your own.”

She highlighted that she felt that she was in the too hard basket with a lot of services because of the extreme nature of her trauma.

“ I’ve noticed this, people want to get away from it. It’s like it’s too hard for ‘em, they can’t comprehend it, you’re scaring them. Well how do you think I feel? Hello? I’m the one that’s carrying this. I’ve come here for help, don’t walk away from me now. But they do. So what do you do with that, you know?”

The silencing affect of trauma often leads to self trauma management strategies such as ‘losing oneself’ in gambling, chronic use of drugs and alcohol, or involvement in criminal and risky behaviour, thus masking the original trauma and leaving their experiences of violent victimisation from the past or present unaddressed and seemingly irrelevant.

For Annika, who had survived child abuse, rape and domestic violence, she acknowledged that she deliberately sought out wreckless and self-destructive experiences:

“I’ve put myself in a lot of dangerous situations...when I was at that age I didn’t care about anything, I didn’t care if I was safe or if I wasn’t. I really didn’t give a shit about anything. Even myself. I OD’ed heaps of times. I didn’t care.”

The participants of this research strongly identified the desire to have their experiences confirmed as both real and traumatic and while the research highlighted the need for additional specialised trauma services, it most strongly identified that there is a great need for current services working with people who are homeless to develop an explicit framework of service provision that take a trauma informed approach. Where services can assume and acknowledge a likely presence of the long-term affects of violent victimisation without needing to go into the details of an individual's experience, they can develop an intentional and deliberate model of care and service that takes into consideration the physical, emotional, psychological and physiological needs of service users. This should occur at all levels of the organisation.

The overarching question raised by this project became: **How can we systemically create environments which permanently acknowledge trauma, actively guard against silencing and provides 'space' that promotes healing? (or at the very least, does no further harm)** While it's often not the role of a homeless service to psychologically heal the individual, the overall wellbeing of the individual will be more broadly supported in interactions with agencies that remain deliberately sensitive to trauma.

My personal reflections since I have been on this journey:

**Do we too often assume service users as potential perpetrators of violence rather than traumatised victims?**

**Who's safety are we considering in our policy development?**

**Are the safety measures that we think are useful actually inadvertently contributing to the escalation of risk by creating barriers that stop people from feeling welcome, heard and understood?** Whether intentionally or unintentionally, we often construct spaces and processes that re-enforce a power imbalance. We have physical barriers from locked doors and glass barriers, we wear personal alarms and always ensure we have two staff members together, we place people on the other side of the desk, our intake procedures are limited to assessing risk rather than understanding what a person might need to feel safe, we are usually under time constraints and have to meet specific outcomes.

For me, everyone that comes through the door represents a whole lot more work, where there is often no quick solution. I've been learning to take the time to acknowledge this within myself, and this mere acknowledgement releases me to then be available to be with people.

I continue to be encouraged when I move closer to getting it right:

"Thank you.... "But I haven't helped you."... "You believed in me."

"You're not like the others..not too many would actually sit down on the pavement with me."

But there is still a long way to go on an organisational and system level.

All people who are homeless are currently experiencing trauma – despite their history of trauma. Therefore specialist homeless services should be in the best position to lead the way in trauma informed care, but why aren't we? Are we prepared to go there? Can we move from accepting that people that use our services are traumatised to critically evaluating the methods that we use to care for these people when the feedback continues to be that they feel silenced and so many don't even both seeking assistance anymore.

I now invite Rob to come and share his reflections on how this question plays out within his experience in a Specialised Homeless Service.