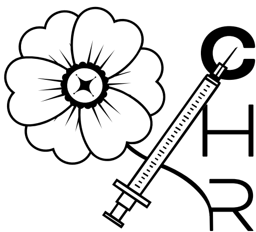
Harm Reduction + Trauma-Informed Care

A resource for CHR staff



Part 1: What actually is trauma?

Let's start with the basics. What is trauma? Well, it's actually kinda hard to answer that, partly because trauma is an extremely subjective experience. Trauma is also defined by each person's experience of an event, rather than the actual event itself. Trauma covers a vast range of experiences, some of which are one-time events like an assault, and some of which are chronic, like poverty. Here's one way to think about it: trauma is pervasive, and results from exposure to an event or series of events that are emotionally disturbing or life-threatening with long-term consequences that impact one's mental, physical, social, emotional, and/or spiritual functioning or well-being.

We each internalize and process experiences uniquely, so what is traumatic for one person may not be traumatic for another. However, some of the experiences below may lead to trauma...

- Physical abuse
- Neglect
- Death of a loved one
- Living in chronic poverty
- The experience of discrimination and/ or oppression
- Neighborhood or familial violence
- Persistent food insecurity
- Homelessness
- Lack of social support

Part 2: So, what is trauma informed care?

Okay, onto why we are here. What is trauma-informed care? Put simply, trauma-informed care pushes us to ask not “what is wrong with you?” but “what happened to you?” Trauma-informed care is a framework based on understanding how common trauma is and how deeply it shapes people’s lives. Rather than treating behaviors in isolation, trauma-informed care asks workers to understand behaviors in context, actively avoid re-traumatizing the people they serve, and build environments where safety, trust, and healing are possible.

Trauma informed care adheres to several principles, listed below.

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment of Voice and Choice
- Cultural, Historical, & Gender Issues

Does that list feel familiar? If it does, it might be because these principles relate closely to the lens we use to do our own harm reduction work, and they also relate closely to the principles of harm reduction. Things like understanding situations as complex and nuanced, ensuring folks with lived experience are in positions of power, empowering participants to drive the direction of their care, creating safety by examining our own internal stigma and biases, and being humble and respectful of those with different life experiences than our own, these are all practices that we cultivate as harm reductionists and also practices that are trauma-informed.

Part 3: The connection between trauma and drug use

I think we as CHR staff know this intuitively already, but research also backs this up- trauma and drug use are interconnected. Many folks who use drugs in ways that cause them harm have gone through significant traumatic experiences. This isn't because trauma automatically causes drug use, but because drugs offer us something really useful! They can help us to feel safe, calm, in control, and many other desirable things. These feelings don't always last, but they are very real. Also, it's important to note that drug use is not unique to any specific group of people, but it's true that people who face greater systemic inequalities and oppression often have higher rates of drug use.

Oftentimes folks end up using drugs on an ongoing basis because they find that, with the choices they have available to them, drugs are the most efficient and/or effective way of coping. Also, the circumstances that lead to trauma or cause trauma, like poverty or oppression, are often persistent. So much of the drug use that we encounter isn't just a personal choice, it is a way that people are responding to oppressive conditions that they did not choose to live under. That's one of the reasons why the work we do is so important- we have the opportunity to bring more choices, autonomy, safety, and belonging to people in our communities that are deeply deserving of it, but rarely offered it.

Harm reduction is inherently trauma-informed. Harm reduction always pushes us to consider the greater systemic issues that people are facing. It allows spaces of humanity and connection to bloom amidst the war on drugs and increasing incarceration and policing. It also pushes us to engage in self-reflection and find areas within ourselves where we have internalized stigma, which helps us to engage in less harmful behavior. What other ways do you see harm reduction as being inherently trauma-informed?

How do you see harm reduction and trauma-informed care as related?

Part 4: Vicarious trauma and what we can do about it

First, let’s talk about what vicarious trauma is. Vicarious trauma is what sometimes happens to folks who are doing care work after witnessing, hearing about, or experiencing other people’s trauma in some way or another. It usually happens over an extended period of time. It is an accumulation of the trauma of others, and it can lead to symptoms similar to PTSD. Everyone is different, but some signs of vicarious trauma could be intrusive thoughts, chronic exhaustion, depression, loss of hope, having porous boundaries, not being able to stop thinking about work once you are off the clock, or lingering feelings of sadness, rage, or fear that are outside of the norm.

Also, you might feel some of these things and not have vicarious trauma- but rather it could be PTSD, burnout, or something else. If you are having experiences like these that you think could be vicarious trauma, talk to someone about it if you can. That’s one of the benefits of being on a team, we can have each other’s back and help each other figure these things out. CHR is committed to being the kind of place where we can bring this stuff and get help with it. None of us need to navigate it alone.

It’s also important to note that if you are experiencing vicarious trauma- you didn’t mess up. You aren’t doing anything wrong. It isn’t an uncommon thing to experience for those of us who feel empathy regularly during the course of our work. It’s a really human thing to experience, and there are supportive things you can do to prioritize your wellbeing and healing.

Part 4 continued

Some things you can do to support your wellbeing as preventative measures...

- Schedule more time for social support throughout your week.
- Ask the people in your life for help, even if you think you don't need it, you're allowed to ask just because you want it.
- Maybe increase your self-reflection time. Figure out your signs of stress and overwhelm, and things you can do for yourself when you start to feel in the weeds.
- Make a list of things that bring you joy, no matter how small. Do this when you are feeling good, then, when you feel like shit you can just pull it out and pick one.

Some things you can try once you suspect you are experiencing vicarious trauma...

- Pay close attention to your boundaries, make them and hold them
- Take care of yourself emotionally- whatever that means for you
- Ask your teammates for help! That might look like having an extra-long check-in with your supervisor, a lunch break to vent, someone switching outreach days with you, etc
- Take more breaks. Seriously, take a lunch break! And a break to go for a walk! And a snack break!
- Debrief with teammates after you hold space for participants

And just to note- the work we are doing is gonna stir up our own stuff. It will rub against our own histories, experiences, traumas... and that isn't a bad thing. Our lived experiences are one of the reasons we are all so good at what we do! It just means that we have to make room to care for ourselves as well as others.

Part 5: The problem with pathologizing

One more thing that I’d like to leave you with. I am a fan of doing our best to be trauma-informed, like, a big fan. I think it’s so important in fact, that I just wrote a whole zine about it! And also, it’s worth taking a step back after this discussion and looking at trauma with a slightly zoomed out lens.

Let me set it up first. Most work around addiction used to run on the “moralily model” it basically said that you are sick because you are a weak, bad person. We as a society have since transitioned to the “disease model” it basically says that you aren’t a bad or weak person, you’re just sick. The disease model is what most healthcare professionals are using as their lens these days, and while it’s an improvement, it is still problematic (and not really backed by strong science). Put very simply, it is problematic because it is still making the issue an individual one, rather than taking into account the entirety of the context. It’s pathologizing people.

Both harm reduction and trauma-informed care focus on context, and refrain from treating any challenge that an individual faces as an individual issue. Both frameworks bring an understanding that the behavior of drug use makes sense, given the context of an individual’s life. Trauma gets in the way of our ability to regulate our nervous systems, and drug use is a quick path toward regulation. Drug use is a skill that we find, often after a long time of searching, that helps us to ease and escape feelings getting in the way of us living the way we want to.

Part 5 continued

Now- to the point. If we as care workers think about, talk about, and work in a way that uses trauma in a really broad sense, we risk over pathologizing people, just as the disease model does. We are running the risk of seeing everyone we work with as traumatized, or damaged. Instead of seeing people as having a disease, we are seeing people as traumatized, either way it can feel like we're saying "something is wrong with you." This ends up medicalizing what is actually a systemic issue, a social wound- discrimination, stigma, poverty. It individualizes collective problems.

Soooo, what now? In my opinion, we simply do the best that we can with the information, knowledge, experience, help, and instincts that we have! We encourage participants to engage with their own agency and self respect. We reject the instinct to pathologize, and don't take the position that we have the authority to declare any participant as needing to be fixed. We continue to do our work while centering bodily autonomy, self determination, and the knowledge that everyone is an expert in themselves.

We can use the framework of trauma-informed care not to add another label to people, but to remove labels. Trauma-informed care and harm reduction are about understanding that behaviors are a direct response to conditions, not evidence that something is wrong with someone. These frameworks also remind us that the choices people make are very much dependent on the choices that they have available to them. We don't need diagnoses or labels to offer our participants dignity, belonging, and safety, we do it because every life is inherently worthy of care and keeping alive.

Reference list:

- https://www.traumainformedcare.chcs.org/what-is-trauma/
- https://www.naccho.org/uploads/full-width-images/L2HR-Academic-Detailing-Aid-2.pdf
- https://pmc.ncbi.nlm.nih.gov/articles/PMC4430440/
- American Detox by Kerri Kelly

Further learning resource list:

- https://www.traumaresourceinstitute.com/
- https://www.apa.org/topics/trauma/healing-guide
- https://www.complextrauma.org/
- Trauma Rewired podcast
- The Body Keeps The Score book by Bessel Van Der Kolk
- What My Bones Know book by Stephanie Foo

By J☆X