

**A CONVERSATION ABOUT A
TRAUMA-INFORMED COURT**

**“What can you ever really know of other
people’s souls – of their temptations, their
opportunities, their struggles?”**

~ C.S. Lewis

Bianca Bentzin

**Chief Prosecutor
City of Austin**

**Licensed Therapist
Being Well with Bianca**

1

PRESENTATION OVERVIEW

Trauma Story

What is trauma and PTSD?

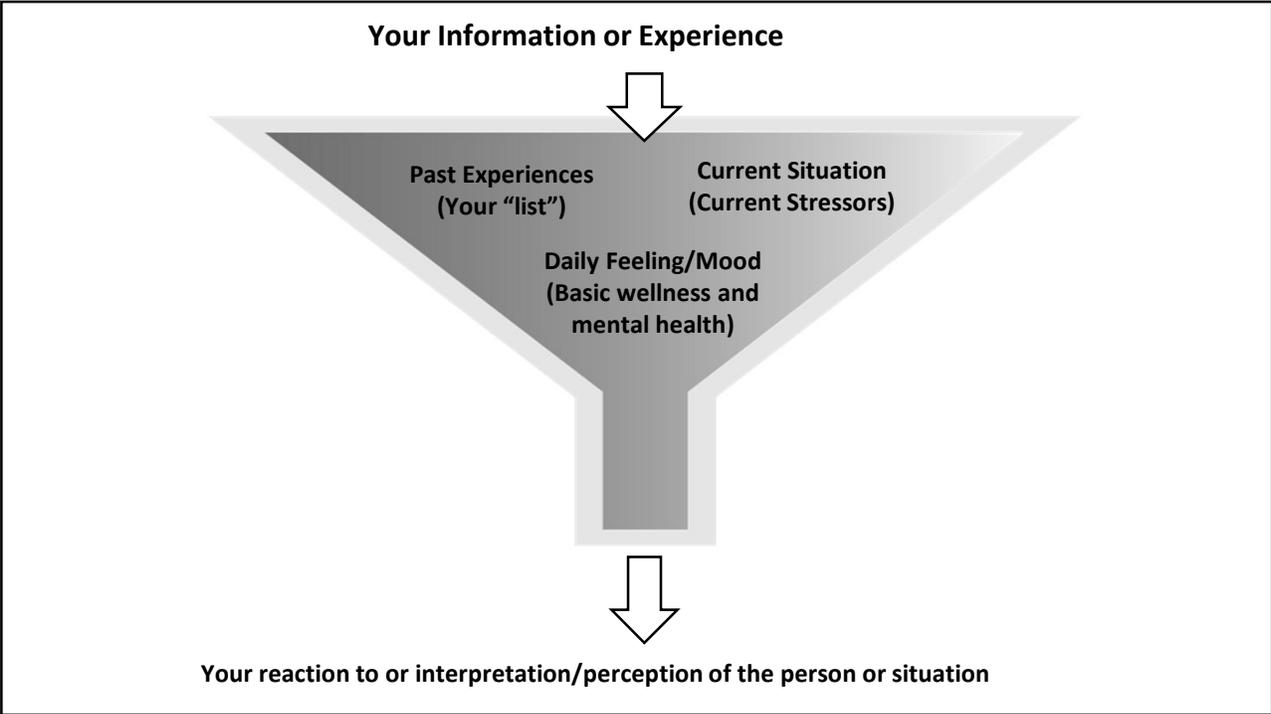
Adverse Childhood Experiences

Truths about Trauma

The Court Environment

Trauma-Informed Court Process

2



3

TRAUMA STORY

Think about your story (or someone you know)

4

“It is unlikely he will ever wake up.”

Traumatic Brain Injury - diffuse axonal injury and brain shear; contusions

Spine – Several fractured vertebrae

Sternum – fracture

Spleen – damaged

Crushed Pelvis

Urethra – still on catheters - awaiting reconstructive surgery

Left ribs – 6 ribs fractured

Left Clavicle – fracture

Eyes – vision issues from brain injury

Ears –hearing issues from brain injury

Teeth - 4 fractured teeth

Numerous ICU-Related Infections

5

What is Trauma?

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

<https://www.samhsa.gov/trauma-violence>

6

WHAT IS TRAUMA-INFORMED CARE

- Trauma-informed care is an approach used to engage with people with histories of trauma.
- It recognizes the presence of trauma symptoms and acknowledges the role that trauma can play in people's lives.
- Trauma-informed criminal justice responses can help to avoid re-traumatizing individuals.
- This increases safety for all, decreases the chance of an individual returning to criminal behavior, and supports the recovery of justice-involved women and men with serious mental illness.

<https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals>

7

WHAT IS TRAUMA-INFORMED CARE

- Trauma-informed care is an approach used to engage with people with histories of trauma.
- It recognizes the presence of trauma symptoms and acknowledges the role that trauma can play in people's lives.
- Trauma-informed criminal justice responses can help to avoid re-traumatizing individuals.
- This increases safety for all, decreases the chance of an individual returning to criminal behavior, and supports the recovery of justice-involved women and men with serious mental illness.

<https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals>

8

Be Trauma-Informed (especially at work)

Realizes the widespread impact of trauma and understands potential paths for recovery.

Recognizes signs and symptoms of trauma in individuals, families, staff, and others involved in the system.

Responds by fully integrating knowledge about trauma into policies, procedures, and practices.

Seeks to actively resist re-traumatization.

<https://www.integration.samhsa.gov/clinical-practice/trauma>

9

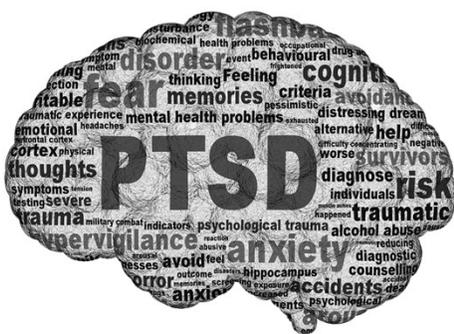
HAVING A TRAUMA-INFORMED COURT MEANS:

- **Believing that being trauma-informed is now the expectation, not the exception.**
- **Asking, “What happened to you?”, instead of, “What’s wrong with you?”**
- **Viewing the process as “holding people accountable” with compassion.**

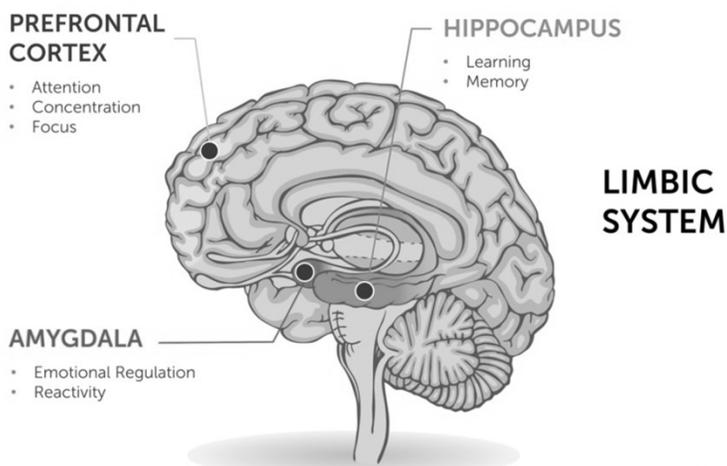
10

TRUTHS ABOUT TRAUMA

- The trauma experience and after-effects are unique to each person.
- Trauma is a neurological issue, not an emotional one.



11



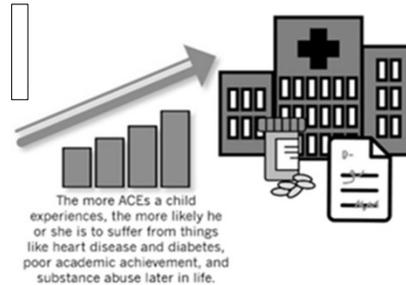
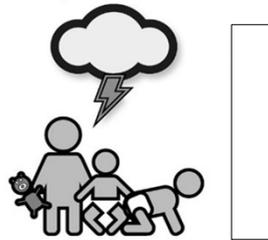
12

ADVERSE CHILDHOOD EXPERIENCES

What are ACEs? Adverse Childhood Experiences (ACEs) are:

- Traumatic experiences that children experience
- Before the age of 18
- That can have lasting impacts on their mental health, physical health, and general well-being.

"ACEs" stands for "Adverse Childhood Experiences." These experiences can include things like physical and emotional abuse, neglect, caregiver mental illness, and household violence.



15

EXAMPLES OF ACEs

Adverse Childhood Experiences (ACEs) including:

- Experiencing physical or emotional abuse
- Abandonment or neglect
- Losing a family member to suicide
- Growing up in a household with substance abuse or alcoholism
- Having a mentally ill parent
- Having an incarcerated parent
- Being a child of divorce or parental separation

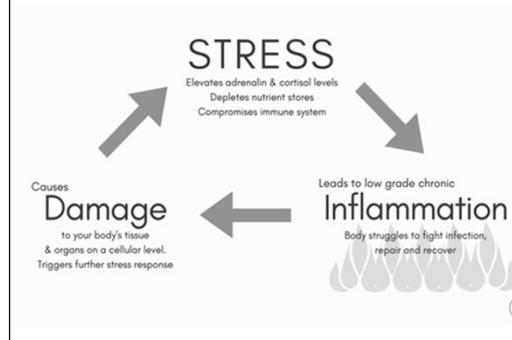
16

HOW ADVERSE CHILDHOOD EXPERIENCES CHANGE A CHILD'S BRAIN AND BODY

1) Hormone Level Changes



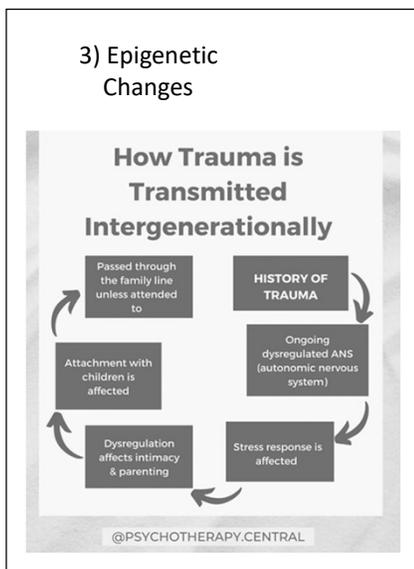
2) Immune System Changes



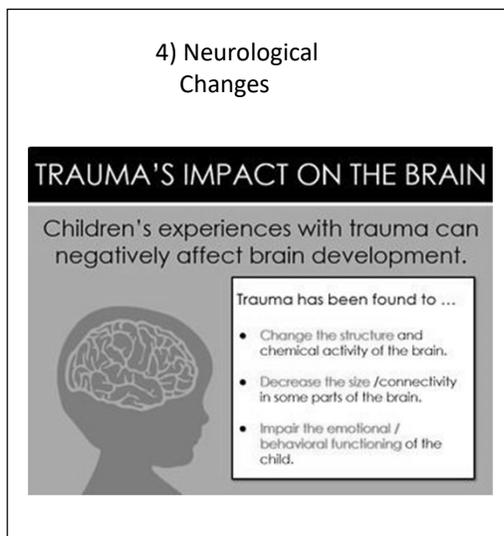
17

HOW ADVERSE CHILDHOOD EXPERIENCES CHANGE A CHILD'S BRAIN AND BODY

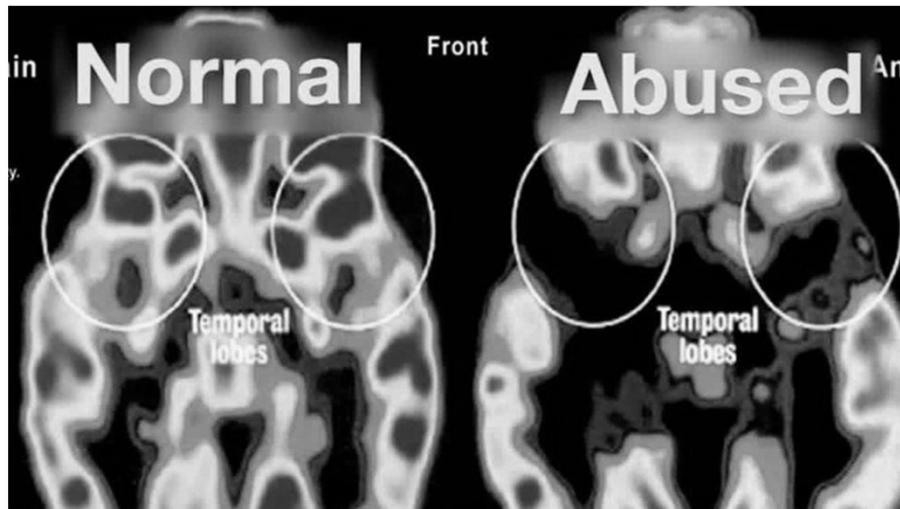
3) Epigenetic Changes



4) Neurological Changes



18



19

ADVERSE CHILDHOOD EXPERIENCE ASSESSMENT

Completing the assessment is optional.

If completing the assessment brings up unpleasant or intense feelings,
please feel free to visit with me after the talk.

20

TRUTHS ABOUT TRAUMA

Trauma is more common than people think.

- **61% of people experienced at least one adverse childhood experience**
- **50% of children have experienced at least one major adverse experience (physical or emotional abuse/neglect, deprivation, addictions or exposure to violence). 20% have had 4 or more.**
- **70% of U.S. adults have experienced at least one traumatic event – 20% of these adults will develop PTSD (45 million people)**
- **PTSD is one of the most common (and yet least recognized) anxiety disorders**

21

PTSD– DSM V CRITERIA (309.81 - F43.10)

- Exposure to actual or threatened death, serious injury, or sexual violence in at least one of the following ways:
 1. Directly experiencing the traumatic event
 2. Witnessing the event
 3. Learning about a traumatic event that occurred to a close family member or friend
 4. Experiencing repeated or extreme exposure to details of traumatic events (ie. first responders, military personnel)
- Presence of at least one of the following starting after the traumatic event:
 1. Recurrent and involuntary distressing memories of the event
 2. Recurrent distressing dreams related to the event
 3. Reactions where it feels like the event is recurring
 4. Psychological distress caused by internal or external cues resembling the event
 5. Physiological reactions to internal or external cues resembling the event
- Persistent avoidance of stimuli (memories/thoughts or external reminders) associated with the event.
- Negative changes in mood after the event as evidenced by two or more specific indicators.
- Marked changes in reactivity occurring after the event as evidenced by two or more specific indicators.
- Symptoms last for at least a month and cause significant distress or impairment in social or occupational functioning.

(American Psychological Association, 2003).

22

TRAUMA/PTSD – WHAT DOES IT “LOOK” LIKE?

Trauma = Exposure to life-threatening experiences which cause a person to have overwhelming feelings of terror and hopelessness and terror coupled with feelings of abandonment, shame, guilt, fear and isolation. (Benamer & White, 2008).

Anxiety/depression	Hyperarousal
Emotional shut-down (isolation)	Hypervigilant
Difficulty with work or school	Freeze, Fight, Flight
Aggression or acting out	Feeling Alone
Difficulty with sleeping or eating	Nowhere Feels Safe
Regressive behaviors	

(Gewirtz, Forgatch & Wieling, 2008).

23

Trauma Responses

Behavioural Manifestations

Fight

- Anger outburst
- Controlling
- "The bully"
- Narcissistic
- Explosive behaviour

Flight

- Workaholic
- Overthinker
- Anxiety, panic, OCD
- Difficulty sitting still
- Perfectionist

Freeze

- Difficulty making decisions
- Stuck
- Dissociation
- Isolating
- Numb

Fawn

- People pleaser
- Lack of identity
- No boundaries
- Overwhelmed
- Codependent

24

A LOOK AT ANGER

- **Anger is a secondary emotion.**
- **Secondary emotions are used to cover up primary emotions - pain and vulnerability.**
- **Secondary emotions alter our perspective about what is really going on.**
- **The feeling underneath anger is generally fear.**
- **Silently acknowledge the fear to raise your own level of empathy.**
- **Empathy builds connections which lead to new understandings.**

25

This is much easier said than done . . .

26

TRAUMA-INFORMED COURT

- **View work with a compassionate lens**
- **Treat people with dignity and respect – people who interact with the court system remember most how they were treated**
- **Can still hold people accountable**
- **Know your limits (pay attention to your nervous system)**
- **Respectful use of language**

27

Escalating Language

- **“Calm down.”**
- **Interrupting (not letting someone be heard)**
- **Sounding like you are judging the other person (leads to defensiveness)**
- **“You” statements**
- **What escalates you?**

28

Deescalating Language

- **“I can see this is a difficult experience for you.”**
- **“Bad things happen to good people . . .”**
- **“In our court, we see good people who didn’t make the best choice . . .”**
- **“I” statements**
- **Lower your own tone of voice**
- **What helps you deescalate?**

29

TRAUMA-INFORMED COURT

- Be aware of compassion fatigue – “burn out”

Refers to a physical, emotional and spiritual fatigue or exhaustion that takes over a person and causes a decline in his or her ability to feel and care for others.
- Be aware of secondary trauma – out of control empathy

Refers to the trauma or stress a person experiences from helping or wanting to help a traumatized or suffering person – Are you being “triggered?”

30

RESOURCES

BOOKS:

- **It's OK That You're Not OK: Meeting Grief and Loss in a Culture That Doesn't Understand**
By: Megan Devine
- **The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma**
By: Bessel van der Kolk
- **No Bad Parts: Healing Trauma and Restoring Wholeness with the Internal Family Systems Model**
By: Richard C. Schwartz
- **It Didn't Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle**
By: Mark Wolynn

<https://alamedacountytraumainformedcare.org/caregivers-and-providers/recommended-learning-resources/>

31

Bianca Bentzin

bianca.bentzin@austintexas.gov

512-974-1157

**Blogs on mental health:
www.beingwellwithbianca.com**

bianca@beingwellwithbianca.com

32

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Benamer, S. & White, K. (Ed.). (2008). *Trauma and attachment*. London, England: Karnac Books.
- Bernardon, S. & Pernice-Duca, F. (2010). A family systems perspective to recovery from posttraumatic stress in children. *The Family Journal: Counseling and Therapy for Couples and Families*, 18(4), 349-357.
- Brown, A. D., McCauley, K., Navalta, C., & Saxe, G. (2013). Trauma systems therapy in residential settings: Improving emotion regulation and the social environment of traumatized children and youth in congregate care. *Journal Of Family Violence*, 28(7), 693-703.
- Catherall, D. R. (2004). *Handbook of stress, trauma, and the family*. New York, NY: Brunner-Routledge.
- Figley, C. R. (2000). Clinical update: Post-traumatic stress disorder. *American Association for Marriage and Family Therapy*, 2(5), 1 – 7.
- Gewirtz, A., Forgatch, M., & Wieling, E. (2008). Parenting practices as potential mechanisms for child adjustment following mass trauma. *Journal of Marital and Family Therapy*, 34(2), 177-92.
- Rowe, C. L., & Liddle, H. A. (2008). When the levee breaks: treating adolescents and families in the aftermath of Hurricane Katrina. *Journal of Marital and Family Therapy*, 34(2), 132-48.